

Initial Evaluation

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|--------------|---|----------------|---------------|---|--------------------|
| Patient Name | : | Zeref Dragneel | Emirates ID | : | 784-5969-9872125-7 |
| File No | : | 18 | DOB | : | 1996-06-20 |
| Nationality | : | Japanese | | | |
| Gender | : | Male | Doctor's Name | : | Doctor Vision |
| Date | : | 2024-02-19 | | | |

Siblings

Informant:

Date of Evaluation 3/4/2024
12:00:00 AM

Medical Diagnosis:

Presenting Symptoms:

HEARING STATUS:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Middle ear effusion | <input type="checkbox"/> Sensory-neural hearing loss | <input type="checkbox"/> Conductive hearing loss |
| Devices/Aids | <input type="checkbox"/> Nil | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Cochlear Implant |
| <input type="checkbox"/> FM System | | | |
| Last Hearing Test: | | | |
| <u>OPME</u> | | | |
| Overall | | | |
| Teeth | | | |
| Lips | | | |
| Tongue | | | |
| Jaw | | | |
| S/H Palate | | | |
| Cheeks | | | |
| <u>SWALLOWING</u> | | | |
| History of aspiration | <input type="radio"/> Yes | <input type="radio"/> No | |
| Current eating or drinking difficulties | <input type="radio"/> Yes | <input type="radio"/> No | |
| Dysphagia | <input type="radio"/> Yes | <input type="radio"/> No | |
| <u>SPEECH:</u> | | | |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non Verbal | | |
| Phonological processes | Intelligibility scale | Rate of speech | Voice quality |

| | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Omission | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Mild | <input type="checkbox"/> Very Slow | <input type="checkbox"/> Horse |
| <input type="checkbox"/> Substitution | <input type="checkbox"/> Mild- Moderate | <input type="checkbox"/> Slow | <input type="checkbox"/> Breathy |
| <input type="checkbox"/> Distortion | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slightly Fast | <input type="checkbox"/> Harsh |
| <input type="checkbox"/> Metathesis | <input type="checkbox"/> Severe | <input type="checkbox"/> Fast | <input type="checkbox"/> Hypo nasal |
| <input type="checkbox"/> Devoicing | <input type="checkbox"/> Not Intelligible | <input type="checkbox"/> Very Fast | <input type="checkbox"/> Hyper nasal |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other Vocalization |



| | |
|--------------------|--|
| Behaviors | |
| Requesting | |
| Sitting tolerance: | |

| | | | |
|-------------------------------------|--|--------------------------------------|---|
| ATTENTION & ACTIVITY LEVEL | | | |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Needs prompt | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Not cooperative | <input type="checkbox"/> Clumsy | <input type="checkbox"/> Other |

| | |
|---|--|
| LANGUAGE SCREENING | |
| *Receptive language: | |
| <input type="checkbox"/> Responds to sounds | <input type="checkbox"/> Understand basic pronouns |
| <input type="checkbox"/> Babbling string of syllables | <input type="checkbox"/> Understand basic prepositions |
| <input type="checkbox"/> Imitation of sounds | <input type="checkbox"/> Understand basic plural |
| <input type="checkbox"/> Variation of pitch and loudness | <input type="checkbox"/> Understand regular plurals |
| <input type="checkbox"/> Comprehends at least 10-20 words | <input type="checkbox"/> Understand irregular plural |
| <input type="checkbox"/> Comprehends at least 20-50 | <input type="checkbox"/> Understand basic negatives |
| <input type="checkbox"/> Comprehends at least 50-80 | <input type="checkbox"/> Understand simple adjectives |
| <input type="checkbox"/> Responds to requests | <input type="checkbox"/> Understands common verbs |
| <input type="checkbox"/> Understands 'No' | <input type="checkbox"/> Understands present continues verbs |
| <input type="checkbox"/> Follows simple one-word commands | <input type="checkbox"/> Understands past continues verbs |
| <input type="checkbox"/> Follows 1 step commands | <input type="checkbox"/> Understands basic possessives |

| | | | | |
|---|--|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Understand basic pronouns | <input type="checkbox"/> Able to sequence 3 part story | | | |
| <input type="checkbox"/> Identifies between 2 items | <input type="checkbox"/> Able to sequence more than 6 part story | | | |
| <input type="checkbox"/> Identifies between 4-6 items | <input type="checkbox"/> Able to solve simple problems | | | |
| <input type="checkbox"/> Able to choose between 2 or more options | <input type="checkbox"/> Appropriate pointing responses | | | |
| *Expressive language: | | | | |
| <input type="checkbox"/> Uses gestures predominantly | <input type="checkbox"/> Uses jargons | | | |
| <input type="checkbox"/> Produces less than 10 words | <input type="checkbox"/> Produces 10-50 words | | | |
| <input type="checkbox"/> Produces 50-150 words | <input type="checkbox"/> Produces 150-300 words | | | |
| <input type="checkbox"/> Produces 1 word phrases | <input type="checkbox"/> Responds to YES \ No questions | | | |
| <input type="checkbox"/> Produces 2 word sentences | <input type="checkbox"/> Naming of everyday objects 5-20s | | | |
| <input type="checkbox"/> Produces 3 word sentences | <input type="checkbox"/> Describe everyday events | | | |
| <input type="checkbox"/> Produces 4 word sentences or more | <input type="checkbox"/> Produces common adjectives | | | |
| *Pragmatics screening: | | | | |
| <input type="checkbox"/> Able to imitate others | <input type="checkbox"/> Listen and wait | | | |
| <input type="checkbox"/> Pretend play | <input type="checkbox"/> Cause and effect | | | |
| <input type="checkbox"/> Play within rules | <input type="checkbox"/> Initiate a conversation | | | |
| <input type="checkbox"/> Taking turns | <input type="checkbox"/> Maintain a conversation | | | |
| <input type="checkbox"/> Greeting and respond when called | <input type="checkbox"/> Maintain a good eye contact | | | |
| *Social interaction: | | | | |
| | Poor | Fair | Good | Excellent |
| Peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *Literacy skills: | | | | |
| Reading | | Writing | | |
| <input type="checkbox"/> A Recognize letters, words | | <input type="checkbox"/> Scribbling | | |
| <input type="checkbox"/> Choosing | | <input type="checkbox"/> Tracing | | |

| | | |
|--|--|---|
| <input type="checkbox"/> Naming/ Reading | | <input type="checkbox"/> Writing |
| *Use Assistive Technology | | |
| <input type="radio"/> Yes | <input type="radio"/> No | If yes which device: |
| EDUCATIONAL STATUS | | |
| <input type="checkbox"/> At home | <input type="checkbox"/> Preschool | <input type="checkbox"/> Special education center |
| <input type="checkbox"/> Public school | <input type="checkbox"/> Regular nursery | <input type="checkbox"/> Others |
| GENERAL FINDINGS: | | |
| TEST RESULTS: | ffffgggggg | |

| | |
|--|---|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
|  |  |
| Patient Name Zeref Dragneel Date 2024-02-19 (10:45 - 11:00) | Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-19 (10:45 - 11:00) |

