

Initial Evaluation

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Doctor Vision
			Date	:	2024-02-01

Siblings y

Informant:y

Date of Evaluation1/13/2024
12:00:00 AM

Medical Diagnosis: y

Presenting Symptoms: y

HEARING STATUS:y

<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Middle ear effusion	<input checked="" type="checkbox"/> Sensory-neural hearing loss	<input checked="" type="checkbox"/> Conductive hearing loss
Devices/Aids	<input checked="" type="checkbox"/> Nil	<input checked="" type="checkbox"/> Hearing Aid	<input checked="" type="checkbox"/> Cochlear Implant
			<input checked="" type="checkbox"/> FM System

Last Hearing Test:y

OPME

Overall	y
Teeth	y
Lips	y
Tongue	y
Jaw	y
S/H Palate	yy
Cheeks	y

SWALLOWING

History of aspiration	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Current eating or drinking difficulties	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Dysphagia	<input checked="" type="radio"/> Yes	<input type="radio"/> No

SPEECH:

<input checked="" type="checkbox"/> Verbal		<input checked="" type="checkbox"/> Non Verbal	
Phonological processes	Intelligibility scale	Rate of speech	Voice quality

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

Behaviors	y
Requesting	y
Sitting tolerance:	y

ATTENTION & ACTIVITY LEVEL

<input checked="" type="checkbox"/> Attentive	<input checked="" type="checkbox"/> Needs prompt	<input checked="" type="checkbox"/> Hyperactive	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Distracted	<input checked="" type="checkbox"/> Not cooperative	<input type="checkbox"/> Clumsy	<input checked="" type="checkbox"/> Other

LANGUAGE SCREENING

*Receptive language:

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

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

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

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Reshma Siya Date 2024-02-01 22:45	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-01 22:45

