

COMMUNICATION ASSESSMENT REPORT

Name:	Date of Assessment:
D.O.B.: Age:	Speech-Language Pathologist:
Parents:	Accompanied by:
The assessment process, which includes an evaluation of receptive and expressive language skills, play skills, social communication skills and speech production, was explained to the parents. Verbal consent was obtained to proceed with this assessment.	

SUMMARY	No Concerns	Areas to Address	Monitor	Needs Further Assessment
Social Communication				
Play				
Receptive Language (<i>understanding language</i>)				
Expressive Language (<i>using language</i>)				
Speech (<i>pronunciation</i>)				
Fluency (<i>stuttering</i>)				
Voice/Resonance				
Overall Impressions: Please see below for complete details of the assessment, recommendations and service plan.				

HISTORY		
Birth History:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Other:
Medical History:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Other:
Motor Milestones:	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Delayed
Feeding/Swallowing:	<input type="checkbox"/> No Concerns	<input type="checkbox"/> Concerns
Speech/Language Milestones:	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Delayed
	<input type="checkbox"/> Other:	
Hearing:		
<i>History of ear infections:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, # of infections:
<i>Screening at birth:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (normal)
		<input type="checkbox"/> Yes (concerns)
<i>Assessment:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
When:		
Results:		
Language(s) Spoken in the Home:		
Family Speech and Language History:		
Lives at home with:		
Daily Program (Home, Child Care, OEYC):		
Other Agencies Involved:		

ATTENTION/BEHAVIOUR		
<input type="checkbox"/> No apparent concerns <input type="checkbox"/> Concerns <input type="checkbox"/> Monitor		
Attention: <input type="checkbox"/> No concerns <input type="checkbox"/> Concerns	Child was: <input type="checkbox"/> Shy <input type="checkbox"/> Passive <input type="checkbox"/> Sociable <input type="checkbox"/> Own Agenda <input type="checkbox"/> Other:	
Additional comments:		

SOCIAL COMMUNICATION			
<input type="checkbox"/> No apparent concerns	<input type="checkbox"/> Concerns	<input type="checkbox"/> Monitor	<input type="checkbox"/> Needs further assessment
YES/NO			
	Responds to own name		
	Makes eye contact		
	Displays joint attention (shifts attention between people and objects)		
	Initiates interactions		
	Responds to communication directed toward him/her		
	Takes turns (motor)		
	Takes turns (vocal/verbal)		
	Looks at objects when directed		
	Reportedly shows interest in other children		
	Lets others join in play		

Child Communicates to:	
	Get someone's attention
	Request
	Protest/reject
	Greet
	Comment
	Ask questions
	Respond to questions
Additional comments: Social communication skills were assessed informally using clinical observations made during play, and parental report.	

PLAY	
<input type="checkbox"/> No apparent concerns	<input type="checkbox"/> Concerns
<input type="checkbox"/> Monitor	<input type="checkbox"/> Needs further assessment
YES/NO	
	Engages in exploratory play- manipulates toys/objects (e.g., mouths, shakes, throws)
	Plays with cause-effect toys
	Engages in constructive play - combines toys/objects in play (e.g., stacks blocks)
	Engages in pretend play
	Imitates actions with a toy/object
	Uses toys appropriately
	Enjoys looking at a book with an adult
Additional comments: Play skills were assessed informally using clinical observations made during play, and parental report.	

EMERGENT LITERACY	
<input type="checkbox"/> No current concerns	<input type="checkbox"/> Suggestions provided to family
A parent checklist was used to informally evaluate the family's home literacy practices and _____'s emergent literacy skills. Based on this checklist, the following general suggestions were provided to the family.	
Suggestions Provided to Family:	
<input type="checkbox"/> Home Literacy Practices	
<input type="checkbox"/> Oral Language	
<input type="checkbox"/> Letter Recognition	
<input type="checkbox"/> Phonological Awareness	
<input type="checkbox"/> Print Awareness	
<input type="checkbox"/> Emergent Writing Skills	
<input type="checkbox"/> Print Motivation	

RECEPTIVE LANGUAGE	
<input type="checkbox"/> No apparent concerns	Delay: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant
	<input type="checkbox"/> Monitor <input type="checkbox"/> Needs further assessment
YES/NO	
	Makes choices (e.g., "Juice...cookie?")
	Identifies body parts
	Understands basic objects
	Understands basic actions (e.g., throw, jump) and concepts (e.g., big/little, fast/slow)
	Understands early prepositions (in/out/on/under)
	Follows 1-step directions with/without gesture
	Follows 2-step related directions (e.g., "Open the box and get the bear")
	Follows 2-step unrelated directions (e.g., "Shake the keys and pick up the doll")
	Follows novel directions (e.g., "Make the truck fly")
	Understands basic pronouns (e.g., "me", "I", "my", "you", "your")
	Understands yes/no questions
	Understands simple "WH" questions (e.g., "What", "Who", "Where")
<p>Formal Test and Results:</p> <p>The Rossetti Infant-Toddler Language Scale: This test assesses the language skills (preverbal and verbal) of children from birth to 36 months of age based on clinical observations and parent report.</p> <p>Preschool Language Scale—5th Edition (PLS-5): The Auditory Comprehension subscale assesses a child's understanding of language. Skills tested include: basic vocabulary, concepts, grammatical elements, complex sentences, inferences, etc. *Standard score= **Percentile rank=</p> <p>* <i>Scaled/Standard scores</i> between 85 and 115 are within normal limits ** <i>Percentile ranks</i> between 16 and 84 are within normal limits</p> <p>The Receptive-Expressive Emergent Language Test - 3rd Edition (REEL-3): This test assesses the receptive language skills of infants and toddlers up to 3 years of age through a caregiver interview. *Ability score= **Percentile rank=</p> <p>* <i>Ability scores</i> between 90 and 110 are within normal limits ** <i>Percentile ranks</i> between 25 and 75 are within normal limits</p>	
<p>Additional Comments: Receptive language skills were assessed informally using clinical observations made during play, and parental report. (Child is said to understand language X better than language Y.)</p>	

EXPRESSIVE LANGUAGE	
<input type="checkbox"/> No apparent concerns	Delay: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant
	<input type="checkbox"/> Monitor <input type="checkbox"/> Needs further assessment
YES/NO	<i>Child communicates using:</i>
	Eye gaze
	Gestures (e.g., pointing, reaching up)
	Babbling
	Vocalizations (e.g., sounds)
	Jargon (nonsense speech)
	Imitated gestures
	Imitated sounds/words
	Single words (# reported:)
	2-word combinations
	Short sentences
	Early grammatical markers (e.g., plurals, possessives, "-ing", pronouns "I", "me", "you")
<p>Formal Test and Results:</p> <p>The Rossetti Infant-Toddler Language Scale: This test assesses the language skills (preverbal and verbal) of children from birth to 36 months of age based on clinical observations and parent report.</p> <p>The Receptive-Expressive Emergent Language Test – 3rd Edition (REEL-3): This test assesses the expressive language skills of infants and toddlers up to 3 years of age through a caregiver interview.</p> <p>*Ability score= **Percentile rank=</p> <p>*Ability scores between 90 and 110 are within normal limits **Percentile ranks between 25 and 75 are within normal limits</p> <p>Preschool Language Scale—5th Edition (PLS-5): The Expressive Communication subscale assesses how well a child uses language with others. Skills include: naming common objects, concepts, locations, etc.</p> <p>*Standard score= **Percentile rank=</p> <p>* Scaled/Standard scores between 85 and 115 are within normal limits **Percentile ranks between 16 and 84 are within normal limits</p>	
<p>Additional comments: Expressive language skills were assessed informally using clinical observations made during play, and parental report. (Child is said to use language X better than language Y.)</p>	

SPEECH	
<input type="checkbox"/> No apparent concerns	Delay: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Monitor <input type="checkbox"/> Needs further assessment
YES/NO	PHONOLOGY
	Has a variety of age appropriate consonants (C)
	Has a variety of age appropriate vowels (V)
	Has variety of syllable shapes (CV, VC, CVCV, CVC, CVCVC)
Additional Comments:	

YES/NO	MOTOR SPEECH CONTROL
	Has sufficient muscle tone in body to support speech
	Has prolonged phonation
	Coordinates gestures and vocalizations
	Imitates sounds, vowels and words
	Does not use non-speech sounds (e.g. grunts, mmm)
	Demonstrates a variety of speech motor movements (e.g. lip contact/rounding, adequate range of jaw movement, tongue elevation)
	Productions are not variable (e.g. words are used and then disappear)
Other:	Has difficulties with: <input type="checkbox"/> drooling <input type="checkbox"/> chewing <input type="checkbox"/> swallowing <input type="checkbox"/> feeding (picky eater)
Additional comments:	

FLUENCY (stuttering)	
<input type="checkbox"/> No apparent concerns	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Monitor <input type="checkbox"/> Needs further assessment
% of Syllables Stuttered:	
Fluency History	
Age of initial onset of stuttering:	
Time since initial onset:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 6 and 12 months <input type="checkbox"/> 12 or more months
Course of the stuttering:	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable <input type="checkbox"/> Fluctuating
Nature of the stuttering:	<input type="checkbox"/> Continuous <input type="checkbox"/> Episodic
Family history of stuttering:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive/recovered <input type="checkbox"/> Positive/Unrecovered
Specifics:	
Handedness:	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Ambidextrous <input type="checkbox"/> Undetermined
YES/NO	<i>Child communicates using:</i>
Types of Stuttering:	
	Phrase repetitions (e.g., "What is the...what is the...what is the answer?")
	Whole-word repetitions (e.g., "My my my name is Michael.")
	Part-word repetitions (e.g., "I saw a ba-ba-ba -baby.")
	Prolongations (e.g., "LLLLLet's go now!")
	Blocks (i.e., trouble getting the words out)

	Interjections (e.g., “like”, “um”)
Stuttering Characteristics:	
	Starter behaviours (e.g., “Can I tell you something?”)
	Audible effort (e.g., hard glottal attacks, disrupted airflow, vocal tensions, pitch rise)
	Fast, irregular repetitions
-----	Number of unit repetitions: Typical #: Highest #:
-----	Duration of prolongations/blocks: <input type="checkbox"/> Fleeting <input type="checkbox"/> Between 1 and 2 seconds <input type="checkbox"/> 3 or more seconds
Secondary Behaviours:	
	Facial grimaces/articulatory posturing
	Eye blinking, eye widening, eye aversion
	Head/body movement
Additional Comments:	

VOICE/RESONANCE			
<input type="checkbox"/> No apparent concerns	<input type="checkbox"/> Concerns	<input type="checkbox"/> Monitor	<input type="checkbox"/> Needs further assessment
Additional comments (e.g., hoarseness, hypo/hypernasal):			

RECOMMENDATIONS	
<input type="checkbox"/> Hearing Test: It is recommended that your child be seen for an audiological assessment. Speak to your family doctor or pediatrician for a referral for an audiological assessment.	
<input type="checkbox"/> Referral to CITY KIDS – Requesting	
<input type="checkbox"/> Child Care Placement	<input type="checkbox"/> Consultation to Child Care
<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Parenting Support
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other:
<input type="checkbox"/> Developmental Assessment	
<input type="checkbox"/> Community children’s program: It is recommended that your child participate in structured children’s programming in order to facilitate the development of his/her speech and language skills and to provide him/her with opportunities to play with his/her same age peers.	
<input type="checkbox"/> Other:	
<input type="checkbox"/> It is recommended that all children have their eyes examined at 6 months of age, 3 years of age and then every 12 months as recommended by the optometrist. In Ontario, children 19 years of age and under are covered by OHIP for an eye exam every 12 months.	
<input type="checkbox"/> Dietician: It may be helpful to contact a dietician in order to access additional information regarding feeding and eating. Services are available in over 100 languages. You may contact: Eat Right Ontario (Toronto Public Health) 416-325-0510	
<input type="checkbox"/> Refer to the website www.stutteringhelp.org for information on preschool stuttering and to stream their video presentations.	

TPSLS FUTURE PLAN

- Hanen Program for Parents: It Takes Two to Talk®
- Hanen Program for Parents: More Than Words®
- Hanen Program for Parents: Target Words®
- Parent and Child Program
- Fluency Workshop for Parents
- Child Care Consultation
- Direct Therapy: You will be contacted in the near future to register ___ for group therapy with TPSLS.
- Home Program
- Discharge
- Other:
- Monitor fluency – please call this clinician in 6 – 8 weeks time, after implementing the strategies discussed at the initial assessment session to encourage fluent speech. Please also track your child’s stuttering behaviour with the calendar provided, and be prepared to discuss this with the clinician.

SLP Signature and Contact Information

Date signed

Original to: File

Cc:

How To Help Your Child Communicate

- **Be face to face:** Get down to your child's physical level (e.g., sit on the floor, bend down). Hold objects to your face so your child looks at you.
- **Follow your child's lead:** Watch to see what your child likes to play with, and join in his/her play.
- **Keep your language simple:** Use 1- to 3-word phrases. Speak slowly and clearly (e.g., "I want juice").
- **Don't say "Say ___":** Reduce pressure on your child. You say the word for him/her (e.g., Say the word "ball" instead of "Say ball").
- **Wait, wait, wait:** Give your child a chance to respond to what you have said or done by waiting (stop talking, count to 10 in your head).
- **Label/name:** Talk about what your child sees and does:
 - objects: clothing, body parts, food, toys, important people, etc.
 - actions: wash, open, eat, etc.
 - locations: in, out, on, off, up, down, etc.
 - concepts: high, low, big, small, fast, slow, etc.
 - fun sounds: beep-beep, moo, meow, uh-oh, yuk, yum, etc.
- **Add language:** Talk about what you are doing during daily activities so that your child hears a lot of language throughout the day:
 - at meal time: "Mommy's cooking. Mmmm, good eggs. I am hungry."
 - while dressing: "Put on your hat. Where are your mittens?"
 - at bathtime: "You are wet! Wash your arms. Oooh, soapy water."
- **Look at books with your child:** Show your child the right way to hold a book, point to the words on the page, name pictures, and read the same book over and over so that your child begins to learn it. Show your child that books are fun!
- **Copy your child's actions and sounds**
 - Child: says "babababa"
 - Adult: copies the child and says "babababa"
- **Put words to your child's actions & sounds:** Say what your child would if he/she could:
 - if your child pulls you by the hand, say "come"
 - if your child points to a ball and says "uh", say "ball"
- **Get involved in your child's play:** If your child plays alone or watches too much TV, he/she will miss many chances to learn language. Make time to play with your child, and

show your child how to play with new toys.

- **Give your child a reason to communicate:** Let your child show or tell you what he/she wants before you give it to him/her. Hold back toys and food, or keep them out of reach, and wait for your child to ask for the toy/food.
- **Expand:** Copy what your child has said or done, then add a word or two words.
 - Child: "juice"
 - Adult: "more juice", "pour the juice", or "I want juice", etc
- **Ask fewer questions:** Do not ask questions when you already know the answer ("Do you have a bus?"). Instead, talk about what you or your child are looking at or doing ("You're pushing the bus!").
- **Say the sounds in words clearly for your child:** Make sounds stand out by saying them louder and longer:
 - Child: "My _at"
 - Adult: "My hhhhhat"

Handouts Provided:



FLUENCY STRATEGIES

- **Respond naturally:** Respond naturally to your child's speech so as to show him/her that it is okay to be non-fluent. Do remember that hesitations and repetitions are often part of normal speech and language development.
- **Give your child your time and interest:** Be patient and let your child have as much time as needed. Look at your child, pay attention and show that you are interested in *what* your child is saying, not *how* he/she is saying it.
- **Model slow speech:** Speak slowly and clearly to your child and *show* him/her what to do rather than telling him/her to slow down.

- **Increase turn-taking in conversations:** Increase turn-taking and decrease interruptions in conversations to make talking easier for your child.
- **Have a special time with your child daily:** Spend some time playing and talking with your child one-to-one every day. Use slower speech, shorter sentences, simpler words, fewer questions, and more pauses for 5-10 minutes every day.
- **Don't react negatively:** Don't make your child aware that you are concerned about his/her speech. Don't react negatively (e.g., do not tell your child to slow down or say it again, and do not shake your head).
- **Don't ask too many questions:** Instead, talk *with* your child. Talk about what your child is doing and what you are doing.
- **Don't talk for your child:** Don't fill in the words when your child is "stuck". Let your child finish, so that he/she will learn that he/she can talk for him/herself.
- **Don't make the child's or the family's schedule too busy:** This may increase the feelings of time pressure and possibly increase the stuttering.