

A Head Start Reference for Beginning Speech Language Pathologists

An Honors Thesis (HONRS 499)

by

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Speech
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Abstract

While an undergraduate student in the Speech Pathology program at Ball State University I accumulated significant knowledge and acquired many resources. This honors thesis will condense and organize the information I obtained during my four years of study. The goal of this honors thesis is the creation of a compendium of material that will serve as a valuable resource for myself and future students. The compendium will contain pieces I have authored or produced as well as materials from other sources. The format will be easy to use and will contain descriptions and evaluation tools.

Acknowledgements

I would like to thank Dr. Mary Jo Germani for serving as my honors thesis advisor and for sticking with me and my project as I changed my mind. Also I would like to thank Professor Jason Powell for being a supportive professor and someone I could seek advice and assistance. Finally I would like to thank my parents, Matthew and Maria Amor, for their support and my mom for her constant motivational speeches.

Author's Statement

The approaching conclusion of my undergraduate career causes me to pause and reflect upon my experiences as a member of the Ball State University undergraduate speech pathology community. This reflection accompanies a sense of satisfaction regarding the progress I have made and the knowledge I have accumulated. As I enter the next stage of my life and my education, I will encounter challenges and opportunities that will test both my strength and perseverance. Currently, I intend to apply to and enroll in an accredited master degree program for speech pathology. My future aspirations are the catalyst for my decision to evaluate my undergraduate educational experiences. At this point I began to assemble the knowledge and resources I accumulated in a convenient form. This endeavor is not exclusively for personal benefit; it is my goal to share what I have learned with future speech pathology students. My honors thesis developed from these objectives.

This project began with a comprehensive review of materials from my classes within my speech pathology major. These materials exist in a variety of forms, such as notes, handouts, textbooks, and other resources. The goal of my research was to identify key categories of information that are particularly emphasized in undergraduate speech pathology courses. Typically an undergraduate speech pathology student at Ball State University receives clinical experience in the categories of articulation and language. Certification standards stipulate that undergraduate clinicians are generally placed with these two specific groups of clients. I decided to format this resource manual in a style similar to the clinic structure. Subsequently, articulation and language will have separate sections in the resource manual and be mentioned in other appropriate sections.

Clinicians use numerous forms for documentation on a regular basis. It is necessary to have access to these forms at all times. Included in this manual are the forms I consider most helpful. First, there are several different versions of blank lesson plans. Preferences for lesson plan formats vary; therefore, an effort was made to accommodate a wide variety of speech pathology students. Next, a case history recording form has been included for both children and adults. Multiple oral mechanism exam forms have been placed in this section as well because this test must be given at the beginning of each semester. Speech pathologists must have knowledge of audiology and be able to administer a hearing screening and tympanometry. These diagnostic tests aid a speech pathologist in eliminating hearing as a contributing factor to speech difficulties. This section contains forms for the hearing screening.

Testing is an important and large responsibility of any speech pathologist and serves several purposes. When a clinician receives a new client it is important that he or she perform diagnostic tests. These test results help the speech pathologist determine a course of treatment. Additionally, standardized tests are given periodically during the course of treatment and at the end of the semester or treatment phase. The acquisition of test results allows a clinician to chart the client's progress and/or make adjustments to the course of treatment if the current methods are not effective.

The initial clinical experience can be an intimidating one. Generally, getting started is the most difficult part. As a student entering Clinic 1 in the spring of 2010, I felt completely ill-equipped. My opinion was that I had not yet learned enough to be responsible for a client and that I would likely cause my potential client more harm. However, my supervisor was very confident in my abilities and she matched me with an elementary school-age articulation client.

The first few sets of lesson plans were the most difficult to produce. Once the clinic

routine was established and I became more comfortable, lesson planning became easier. Toward the end of the resource binder I have included a list of materials and websites that I, or other clinicians have found particularly helpful. These should provide a great starting point for lesson planning. A Head Start Reference for Beginning Speech Language Pathologists is formatted in an easy to understand way with helpful hints at the conclusion of each section.

When it came time to enroll in Clinic 2 for fall of 2010, I felt more prepared but was still a little uneasy. My second clinical placement was with a birth to preschool-age language client. Even though I had completed one semester of clinic, this was a whole new experience. Language is a very broad category, with two distinct types of language: expressive and receptive. Expressive language is used when one tries to convey a message. Conversely, receptive language is used to decode a message from another source. Language goals are written differently and are often more difficult to design because of the wording and a limited number of responses. In addition, lesson plans and objectives writing was challenging due to my client's young age. In addition to the brochure on language in this section, there is also one on language development in children.

The final area covered extensively in undergraduate coursework is hearing. Even though we are speech pathologists and not audiologists, we need an extensive working knowledge of this subject. The two fields are interrelated and I am reminded of this frequently. It is through our sense of hearing that we first begin to acquire language. As speech pathologists we need to have a working knowledge of the different types of hearing loss and the affects they will have on speech. With that in mind, I have included brochures on noise induced hearing loss, presbycusis, and otitis media. It is necessary to be able to interpret the results the audiologist places in a client's folder. This includes being familiar with terminology used in the diagnosis of hearing

loss. It is also important to be able to read an audiogram, a graphical representation of an individual's hearing thresholds. Additionally, it is important to be familiar with hearing aids and how to take care of minor problems that might arise during therapy. Technological advancements that are hearing-related but carry over into the speech pathologist's territory include classroom amplification, cochlear implants and FM systems.

Beyond the three major areas I listed above, different courses have covered other diseases and disorders that a speech pathologist is likely to come in contact with during his or her career. I have created and included brochures on Alzheimer's, Cerebral Palsy, Huntington's disease, Pick's disease, and Shaken Baby Syndrome.

The last section contains materials that I have compiled over my collegiate career. First, there is a list of hints and suggestions I wish I would have known when I began clinic.

Hopefully, they will be useful to future speech pathology students. Also included is a list of supplies that any speech pathology student should seriously consider keeping on hand. To supplement my own thoughts and feelings I asked several questions of my fellow speech pathology students. These include essential therapy materials, what they wish they would have known when starting clinic, and any suggestions they have for those getting ready to start clinic. Finally, there is a resource list with websites, books, and therapy materials.

I have experienced an unexpected benefit as a result of completing my honors thesis in this format. As I prepare to graduate, I feel more confident about my skills. This newfound confidence stems from reflecting on the past four years and the progress I have made toward becoming proficient in my chosen field of speech pathology. I am eager to put my newly compiled resource to good use when I begin my post-baccalaureate studies.

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LESSON PLAN

SPAA 319/628 CLINICAL PRACTICUM

CLIENT:

DATE OF SESSION:

OBJECTIVE #1: _____

STRATEGIES/METHODS

MATERIALS

OBJECTIVE #2: _____

STRATEGIES/METHODS

MATERIALS

OBJECTIVE #3: _____

STRATEGIES/METHODS

MATERIALS

OBJECTIVE #4: _____

STRATEGIES/METHODS

MATERIALS

Lesson Plan

Date:

Day:

Age:

Hour:

Supervisor:

Client:

Problem:

Clinician:

Objectives	Methods/Procedures	Materials/Equipment

LESSON PLAN

Client Initials: _____ Clinician: _____ Days and Dates of Sessions on Plan: _____

Short Term Objective	Procedures (Activity, Error Strategies, Reinforcement Type & Schedule)	Materials (including stimulus list)
1.		
2.		
3.		
4.		
5.		

Name of Lesson:

Grade Level: _____ Subject: _____ Prepared By: _____

<p>Overview & Purpose</p>	<p>Education Standards Addressed</p>
--------------------------------------	---

	Teacher Guide	Student Guide	Materials Needed
<p>Objectives (Specify skills/information that will be learned.)</p>			<ul style="list-style-type: none"> • • •
<p>Information (Give and/or demonstrate necessary information)</p>			
<p>Verification (Steps to check for student understanding)</p>			<p>Other Resources (e.g. Web, books, etc.)</p>
<p>Activity (Describe the independent activity to reinforce this lesson)</p>			
<p>Summary</p>			<p>Additional Notes</p>

Note: printable courtesy of LessonPlans4Teachers.com

INSTRUCTOR:
DATE :
COURSE TITLE:
LESSON NUMBER:
UNIT:
SPECIFIC TOPIC:
INSTRUCTIONAL GOAL (outcome that students should be able to demonstrate upon completion of the entire unit)
PERFORMANCE OBJECTIVE (use an action verb in a description of a measurable outcome)
RATIONALE (brief justification -- why you feel the students need to learn this topic)
LESSON CONTENT (what is to be taught)

INSTRUCTIONAL PROCEDURES

Focusing event (something to get the students' attention)

Teaching procedures (methods you will use)

Formative check (progress checks throughout the lesson)

Student Participation (how you will get the students to participate)

Closure (how you will end the lesson)

EVALUATION PROCEDURES (how you will measure outcomes to determine if the material has been learned)

MATERIALS AND AIDS (what you will need in order to teach this lesson)

Honolulu Community College

<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/lesspln3.htm>

1. Lesson Plan Information	
Subject/Course:	Name:
Grade Level:	Date:
Topic:	Time and Length of Period:

2. Expectation(s) and Learning Skills
The students will:
<p>Today, students will:</p>

3. Pre-assessment
A. (i) Students
<p>(ii) Differentiation of content, process, and/or product (may be accommodations and/or modifications)</p>
B. Learning Environment
C. Resources/Materials

4. Content (The What)

5. Teaching/Learning Strategies (The How)

Teacher Role

(i) Introduction of the Activity, Routines and Procedures

(ii) Lesson Conclusion

6. Assessment (Collection of Data) / Evaluation (Interpretation of Data)

7. Student teacher's Reflections on the Lesson

A. (i) Evidence of Student Learning Related to the Lesson Expectation(s)

(ii) Next Steps for Student Learning Related to Lesson Expectation(s)

B. (i) Evidence of the Effectiveness of the Student teacher

(ii) Next Steps Related to the Effectiveness of the Student teacher

Appendix 1-G (continued)

FORM 1-7 SESSION DATA LOG

SESSION DATA LOG

Name of Client: _____

Name of Clinician: _____

Date: _____

KEY: _____

Trials

Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	% correct	

(continues)

APPENDIX 1-A Child Case History Form

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Does the child live with both parents? _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____ Business Phone: _____

Father's Name: _____ Age: _____

Father's Occupation: _____ Business Phone: _____

Referred By: _____ Phone: _____

Address: _____

Pediatrician: _____ Phone: _____

Address: _____

Family Doctor: _____ Phone: _____

Address: _____

Brothers and Sisters (include names and ages):

What languages does the child speak? What is the child's primary language?

What languages are spoken in the home? What is the primary language spoken?

With whom does the child spend most of his or her time?

Describe the child's speech-language problem.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

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Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy: _____ Length of labor: _____

General condition: _____ Birth weight: _____

Circle type of delivery: head first feet first breech Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

Medical History

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Allergies _____ Asthma _____ Chicken Pox _____

Colds _____ Convulsions _____ Croup _____

Dizziness _____ Draining Ear _____ Ear Infections _____

Encephalitis _____ German Measles _____ Headaches _____

High Fever _____ Influenza _____ Mastoiditis _____

Measles _____ Meningitis _____ Mumps _____

Pneumonia _____ Seizures _____ Sinusitis _____

Tinnitus _____ Tonsillitis _____ Other _____

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement, etc.)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Developmental History

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____

Walk _____ Feed self _____ Dress self _____

Use toilet _____

Use single words (e.g., no, mom, doggie, etc.): _____

Combine words (e.g., me go, daddy shoe, etc.): _____

Name simple objects (e.g., dog, car, tree, etc.): _____

Use simple questions (e.g., Where's doggie? etc.): _____

Engage in a conversation: _____

Does the child have difficulty walking, running, or participating in other activities which require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals.

Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

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Educational History

School: _____ Grade: _____

Teacher(s): _____

How is the child doing academically (or preacademically)?

Does the child receive special services? If yes, describe.

How does the child interact with others (e.g., shy, aggressive, uncooperative, etc.)?

Adult Case History Form

General Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Occupation: _____ Business Phone: _____

Employer: _____

Referred by: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Single _____ Widowed _____ Divorced _____ Spouse's Name: _____

Children (include names, gender, and ages):

Who lives in the home?

What languages do you speak? If more than one, which one is your dominant language?

What was the highest grade, diploma, or degree you earned?

(continues)

FORM 3-2. Continued

Describe your speech-language problem.

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Have you seen any other speech-language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Medical History

Provide the approximate ages at which you suffered the following illnesses and conditions:

Adenoidectomy _____	Asthma _____	Chicken pox _____
Colds _____	Croup _____	Dizziness _____
Draining ear _____	Ear infections _____	Encephalitis _____
German measles _____	Headaches _____	Hearing loss _____
High fever _____	Influenza _____	Mastoiditis _____
Measles _____	Meningitis _____	Mumps _____
Noise Exposure _____	Otosclerosis _____	Pneumonia _____
Seizures _____	Sinusitis _____	Tinnitus _____
Tonsillectomy _____	Tonsillitis _____	Other _____

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking.

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

(continues)

FORM 3-2. Continued

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____

Oral Motor Examination
Sample Protocol to Get You Started

Target	Elicitation	Observations
Facial Symmetry	Have subject look straight at you	Are all facial features symmetrical?
Lips	Smile Pucker Open Close tight Puff up cheeks, hold against resistance	Look for symmetrical movements, extent of movements, ability to close lips completely, and hold against resistance
Tongue	Stick straight out Left Right Left and Right quickly Elevation Retraction Protrusion & lateral movement against resistance (with tongue blade)	Look for symmetry and range of motion. Look at size of tongue and for evidence of fasciculations. Assess ability to exert force against resistance. Assess coordination of fast movements
Oral Cavity	Open wide	Look at teeth, tongue, hard and soft palate. Look for evidence of lesions, atrophy, or missing structures. Also observe jaw excursion, listen for "clicks," watch for lateral shifts
Velum	Say "ah" Elicit gag reflex by touching anterior faucial arches, posterior faucial arches, or base of tongue. Elicit gag on both sides	Watch for extent and symmetry of velar elevation and pharyngeal constriction.
Voice	Maximum Phonation Time s:z ratio Pitch glides	Listen for vocal intensity, pitch, and quality. Note especially breathiness or gurgles

Oral Mechanism Examination

Name _____ Date of Examination _____

Age _____ Examiner _____

Lips

- _____ structure at rest
- _____ labial mobility /u/, /i/
- _____ retain pressure behind lips
- _____ purse lips
- _____ labial sounds /b/, /p/, /m/
- _____ cleft lip/other _____

Alveolar Ridge / Hard Palate

- _____ structure
- _____ cleft
- _____ length / width /depth
- _____ teeth in palate
- _____ other _____

Tongue

- _____ structure at rest
- _____ protrusion/retraction
- _____ mobility: side to side
- _____ mobility: lift up & down
- _____ mobility: lick lips
- _____ lingual frenum
- _____ lingual strength: push stick
- _____ lingual sounds: /l/, /t/, /k/, /kʌlə/
- _____ other _____

Soft Palate / Velum

- _____ structure at rest
- _____ cleft
- _____ mobility /a/, /a-a-a/
- _____ VPC: /k/, /s,z/, /t/
- _____ tonsils _____

Teeth

- _____ Occlusion _____
- _____ Condition _____
- _____ Spacing _____
- _____ Other _____

Mandible

- _____ structure at rest
- _____ occlusion _____
- _____ jaw stability: bite stick
- _____ mouth breathing
- _____ open mouth/hold 10-15 sec
- _____ close and hold 10-15 sec
- _____ other _____

Apraxia

- _____ lick lips, pucker lips
- _____ puff cheeks, tongue protrusion
- _____ increasing word complexity:
 - sit / city / citizen / citizenship
 - jab / jabber / jabbering
 - Kalamazoo
- _____ AMR: /pʌtəkə/ or buttercup
or mommy-daddy-baby

The structure and function of the oral mechanism are:

- _____ Adequate for Speaking
- _____ Inadequate for Speaking
- _____ Degree of Impairment:
 - Mild / Moderate / Severe
- _____ Impairment of Structure
- _____ Impairment of Function

FORM 6-1.

Oral-facial Examination Form

Name: _____ Age: _____ Date: _____

Examiner: _____

Instructions: Check and circle each item noted. Include descriptive comments in the right-hand margin.

Evaluation of Face

Comments

_____ symmetry: normal/droops on right/droops on left _____
_____ abnormal movements: none/grimaces/spasms _____
_____ mouth breathing: yes/no _____
_____ other: _____

Evaluation of Jaw and Teeth

Tell client to open and close mouth.

_____ range of motion: normal/reduced _____
_____ symmetry: normal/deviates to right/deviates to left _____
_____ movement: normal/jerky/groping/slow/asymmetrical _____
_____ TMJ noises: absent/grinding/popping _____
_____ other: _____

Observe dentition.

_____ occlusion (molar relationship): normal/neuroclulsion (Class I)/ distoclusion (Class II)/ mesiooclusion (Class III)/ _____
_____ occlusion (incisor relationship): normal/overbite/underbite/crossbite _____
_____ teeth: all present/dentures/teeth missing (specify) _____
_____ arrangement of teeth: normal/jumbled/spaces/misaligned _____
_____ hygiene: _____
_____ other: _____

Evaluation of Lips

Tell client to pucker.

_____ range of motion: normal/reduced _____
_____ symmetry: normal/droops bilaterally/droops right/droops left _____
_____ strength (press tongue blade against lips): normal/weak _____
_____ other: _____

FORM 6-1. Continued

Tell client to smile.

_____ range of motion: normal/reduced _____
_____ symmetry: normal/droops bilaterally/droops right/droops left _____
_____ other: _____

Tell client to puff cheeks and hold air.

_____ lip strength: normal/reduced _____
_____ nasal emission: absent/present _____
_____ other: _____

Evaluation of Tongue

_____ surface color: normal/abnormal (specify) _____
_____ abnormal movements: absent/jerky/spasms/writhing/fasciculations _____
_____ size: normal/small/large _____
_____ frenum: normal/short _____
_____ other: _____

Tell client to protrude the tongue.

_____ excursion: normal/deviates to right/deviates to left _____
_____ range of motion: normal/reduced _____
_____ speed of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

Tell client to retract tongue.

_____ excursion: normal/deviates to right/deviates to left _____
_____ range of motion: normal/reduced _____
_____ speed of motion: normal/reduced _____
_____ other: _____

Tell client to move tongue tip to the right.

_____ excursion: normal/incomplete/groping _____
_____ range of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

FORM 6-1. Continued

Tell client to move the tongue tip to the left.

_____ excursion: normal/incomplete/groping _____
_____ range of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

Tell client to move the tongue tip up.

_____ movement: normal/groping _____
_____ range of motion: normal/reduced _____
_____ other: _____

Tell client to move the tongue tip down.

_____ movement: normal/groping _____
_____ range of motion: normal/reduced _____
_____ other: _____

Observe rapid side-to-side movements.

_____ rate: normal/reduced/slows down progressively _____
_____ range of motion: normal/reduced on left/reduced on right _____
_____ other: _____

Evaluation of Pharynx:

_____ color: normal/abnormal _____
_____ tonsils: absent/normal/enlarged _____
_____ other: _____

Evaluation of Hard and Soft Palates:

_____ color: normal/abnormal _____
_____ rugae: normal/very prominent _____
_____ arch height: normal/high/low _____
_____ arch width: normal/narrow/wide _____
_____ growths: absent/present (describe) _____
_____ fistula: absent/present (describe) _____
_____ clefting: absent/present (describe) _____
_____ symmetry at rest: normal/lower on right/lower on left _____

FORM 6-1. Continued

_____ gag reflex: normal/absent/hyperactive/hypoactive _____

_____ other: _____

Tell client to phonate using /d/.

_____ symmetry of movement: normal/deviates right/deviates left _____

_____ posterior movement: present/absent/reduced _____

_____ lateral movement: present/absent/reduced _____

_____ uvula: normal/bifid/deviates right/deviates left _____

_____ nasality: absent/hypernasal _____

_____ other: _____

Summary of Findings:

Oral-Motor Workouts for Home

By Thaashida L. Hutton, M.S., CCC-SLP

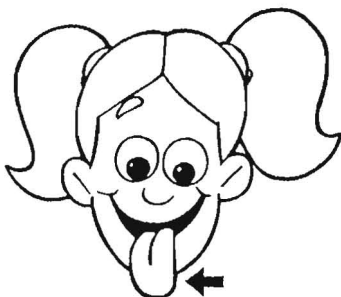
The term *oral-motor* refers to the use and function of the muscles of the face (lips, tongue, and jaw). For chewing and swallowing, children need to have the right amount of strength, range of motion, and coordination. When a child has limited movement, coordination, and/or strength of the lips, tongue and/or jaw, eating is difficult. Contact your child's doctor if these issues are noticeable. The doctor may refer you to a *speech-language pathologist* or *occupational therapist*—licensed professionals that assess and treat oral-motor deficits:

Types of Oral-Motor Exercises

Your child can do the following oral-motor exercises to improve strength, range of motion, and coordination of the lips, tongue, and jaw. Use the blank lines below to create your own oral-motor exercise routine.



- o Open and close your mouth _____ times.
- o Pucker your lips as if you were going to give someone a kiss _____ times.
- o Smile then relax your lips and cheeks _____ times.
- o Press your lips tightly together then open them with a smack _____ times.
- o Puff your cheeks with air while keeping your lips closed tightly _____ times.



- o Stick your tongue out as far as you can _____ times.
- o Move your tongue to the left side of your mouth then to the right side of your mouth _____ times.
- o Try to touch your chin with your tongue without moving your head _____ times.

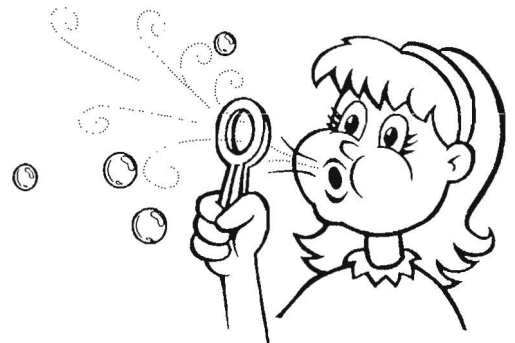
- o Try to touch your nose with your tongue without moving your head _____ times.
- o Push the inside of your cheek with your tongue on the right side and then on the left side _____ times.
- o Place your tongue behind your front teeth and say "la" _____ times.
- o Lick your lips _____ times.



- o Open your jaw as wide as you can _____ times.
- o Move your jaw from side-to-side slowly _____ times, then quickly _____ times.
- o Move your jaw up and down slowly _____ times, then quickly _____ times.

Oral-Motor Fun at Home

- *Blowing Bubbles* strengthens muscles of the lips and improves breath control.
- *Licking* peanut butter or marshmallow crème from the roof of the mouth or behind the top front teeth improves tongue elevation/lifting.
- *Chewing* gum improves jaw strength.
- *Making silly faces* improves strength, coordination and range of motion of the lips, jaw and tongue.



Resources

Oral motor exercises/oral exercises-wide smiles. (1996). Retrieved October 3, 2008, from <http://www.widesmiles.org/cleftlinks/WS-563.html>

Oral motor exercise. (1998). Retrieved October 3, 2008, from http://www.clarian.org/pdf/neuro_oral_motor_exercises.pdf

Till, J.A., Yorkston, K.M., & Beukelman, D.R. (1994). *Motor Speech Disorders-Advances in Assessment and Treatment*. Baltimore: Paul H. Brookes Publishing Co.

Hearing and Immittance Screening

COLLEGE OF SCIENCES AND HUMANITIES
AUDIOLOGY CLINIC

Muncie, Indiana 47306-0555
Phone: 765-285-3160
Fax: 765-285-5625

Name: _____ Date: _____

Hearing Screening:

Hearing is screened at 20 dB. A screening is performed by presenting a tone and having the person being tested indicate if the tone is heard. If the person hears all 6 tones, they are considered to have passed the screening. If any of the 6 tones are not heard, another screening may be done at a later date or referral for further testing may be indicated.

	1000 Hz	2000 Hz	4000 Hz
Right Ear			
Left Ear			

- + Passing for that frequency
- Not passing for that frequency

Immittance Screening:

An immittance screening (also called a screening tympanogram) helps to determine if there are any current middle ear problems such as fluid or pressure in the middle ear. Abnormally negative middle ear pressure and/or fluid is often a sign of an ear infection. While the results of this test do not indicate the presence of a middle ear infection, they may determine if further evaluation is necessary. It is common to have some hearing loss (usually temporary) if fluid or pressure is present in the middle ear.

	Tympanogram
Right Ear	
Left Ear	

- + Normal tympanogram – not necessary to repeat the test.
- Abnormal tympanogram – further evaluation is necessary.

Recommendations:

HEARING SCREENING FORM

STUDENT'S NAME _____ SCHOOL YEAR _____

SCHOOL _____ GRADE _____

HEARING CRITERIA: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

KEY: P = PASS F = FAIL

Screening Date: _____					Recheck Date: _____				
EAR	HL	FREQUENCY HZ			EAR	HL	FREQUENCY HZ		
		1000	2000	4000			1000	2000	4000
RE	20				RE	20			
LE	20				LE	20			

Examiner: _____
 Audiometer: _____
 Last Calibration Date: _____

Examiner: _____
 Audiometer: _____
 Last Calibration Date: _____

Tympanometry: RE _____
 LE _____

Tympanometry: RE _____
 LE _____

REMARKS:

_____ Within Normal Limits
 _____ Needs Rescreen (within two weeks)

REMARKS:

_____ Within Normal Limits
 _____ Needs Rescreen (within two weeks)

Resolution of Problem: _____

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____
 Pass: _____ Fail: _____
 Examiner: _____

Checklist for an Informal Assessment of Language

Name: _____ Age: _____ Date: _____

Examiner's Name: _____

Instructions: Mark a plus (+) or a check (✓) if the child does exhibit the behavior, a minus (−) or a zero (0) if the child does not exhibit the behavior, and an *S* if the child exhibits the behavior *sometimes*. Make comments about what the child does on the right-hand side of the form. If a specific behavior is not assessed, leave the line blank. This form can be used during informal observation or completed by a parent or knowledgeable caregiver.

_____ The child takes turns during communication _____

_____ The child enjoys playing with other children _____

_____ The child enjoys playing with his or her parents _____

_____ The child enjoys playing with his or her siblings _____

_____ The child usually plays alone _____

_____ The child plays silently _____

_____ The child talks during play activities _____

_____ The child acts out common activities (e.g., plays house, plays store) _____

_____ The child uses play objects that are similar (in size, looks, etc.) to the true objects (e.g., a saucepan for a drum) _____

_____ The child uses play objects in a realistic manner (e.g., uses a toy dump truck in the way intended) _____

_____ The child looks at picture books page-by-page from front to back _____

(continues)

FORM 8-4. Continued

- _____ The child explores a variety of toys and does not repeatedly use the same item(s) _____
- _____ The child uses coordinated motor movements _____
- _____ The child uses complete sentences during play _____
- _____ The child asks questions during play _____
- _____ The child answers questions during play _____
- _____ The child responds to requests _____
- _____ The child primarily uses gestures to communicate _____
- _____ The child uses gestures and speech to communicate _____
- _____ The child looks at the listener when speaking _____
- _____ The child uses appropriate vocabulary words _____
- _____ The child relates real life experiences during conversation _____
- _____ The child usually communicates in phrases of greater than 2 words _____
- _____ The child usually communicates in phrases of greater than 3 words _____
- _____ The child usually communicates in phrases of greater than 4 words _____
- _____ The child initiates conversations or activities _____
- _____ The child dominates conversations _____

- _____ The child is able to follow conversational shifts _____
- _____ The child uses simple sentences _____
- _____ The child uses complex sentences _____
- _____ The child uses the correct word order when speaking _____
- _____ The child uses plurals (e.g., boys, animals) _____
- _____ The child uses more than one verb tense (e.g., present, past, future) _____
- _____ The child uses pronouns (e.g., he, she, I) _____
- _____ The child uses articles (e.g., the, an, a) _____
- _____ The child uses the verbs *is* and *are* _____
- _____ The child uses prepositions (e.g., on, in, under, beside) _____
- _____ The child varies his or her communication depending on the listener _____
- _____ The child has good reading skills _____
- _____ The child has good writing skills _____
- _____ The child is able to follow the story line of a TV show _____

(continues)

FORM 8-4, Continued

How does the child's language differ from that of other children the same age?

How does the child's language differ from that of an adult?

Stimulability Testing

Client _____

Date _____

Phoneme / /	
_____ 1.	/ /
_____ 2.	/ /i
_____ 3.	i/ /i
_____ 4.	i/ /
_____ 5.	/ /æ
_____ 6.	æ/ /æ
_____ 7.	æ/ /
_____ 8.	/ /a
_____ 9.	a/ /a
_____ 10.	a/ /
_____ Total	

Phoneme / /	
_____ 1.	/ /
_____ 2.	/ /i
_____ 3.	i/ /i
_____ 4.	i/ /
_____ 5.	/ /æ
_____ 6.	æ/ /æ
_____ 7.	æ/ /
_____ 8.	/ /a
_____ 9.	a/ /a
_____ 10.	a/ /
_____ Total	

Phoneme / /	
_____ 1.	/ /
_____ 2.	/ /i
_____ 3.	i/ /i
_____ 4.	i/ /
_____ 5.	/ /æ
_____ 6.	æ/ /æ
_____ 7.	æ/ /
_____ 8.	/ /a
_____ 9.	a/ /a
_____ 10.	a/ /
_____ Total	

Phoneme / /	
_____ 1.	/ /
_____ 2.	/ /i
_____ 3.	i/ /i
_____ 4.	i/ /
_____ 5.	/ /æ
_____ 6.	æ/ /æ
_____ 7.	æ/ /
_____ 8.	/ /a
_____ 9.	a/ /a
_____ 10.	a/ /
_____ Total	

FORM 6-2.

Diadochokinetic Syllable Rates Worksheet

Name: _____ Age: _____ Date: _____

Examiner: _____

Instructions: Time the number of seconds it takes your client to complete each task the prescribed number of times. The average number of seconds for children from 6 to 13 years of age is reported on the right-hand side of the table.

The standard deviation (SD) from the mean is also represented. Subtract the SD from the norm to determine each SD interval. For example, using the /pʌ/ norm with a 6-year-old, 3.8 (4.8-1.0) is one SD, 2.8 (4.8-2.0) is two SDs, 2.3 (4.8-2.5) is two-and-a-half SDs, etc. Therefore, a 6-year-old child who needed 2.6 seconds to complete the /pʌ/ sequence would be two SDs below the mean.

Task	Repetitions	Seconds	<i>Norms in seconds for diadochokinetic syllable rates</i>							
			Age:							
			6	7	8	9	10	11	12	13
pʌ	20	_____	4.8	4.8	4.2	4.0	3.7	3.6	3.4	3.3
tʌ	20	_____	4.9	4.9	4.4	4.1	3.8	3.6	3.5	3.3
kʌ	20	_____	5.5	5.3	4.8	4.6	4.3	4.0	3.9	3.7
	Standard Deviation:		1.0	1.0	0.7	0.7	0.6	0.6	0.6	0.6
pʌtəkə	10	_____	10.3	10.0	8.3	7.7	7.1	6.5	6.4	5.7
	Standard Deviation:		2.8	2.8	2.0	2.0	1.5	1.5	1.5	1.5

Comments: _____

Norms are from "Time-by-Count Measurement of Diadochokinetic Syllable Rate," by S.G. Fletcher, 1972, *Journal of Speech and Hearing Disorders*, 15, pp. 763-770). Copyright by the American Speech-Language-Hearing Association. Reprinted with permission.

APPENDIX Q - Clinical Practicum Summary

Semester/Year: _____

**BALL STATE UNIVERSITY
UNDERGRADUATE CLINICAL HOURS SEMESTER SUMMARY**

Student: _____ BSU ID # _____ Site: _____ Supervisor: _____

Clinic Enrollment: 319(1) 319(2) 319(3) 519 628(1) 628(2) 628(3) 620(1) 620(2)

Age Key: **BP:** Birth-Preschool (0-5 yr) **S:** School-age (6-17 yr) **A:** Adult (18-64 yr) **G:** Geriatric (65+ yr)

Semester End Date	Age	Evaluation								
		HS	Artic	Cog	Dysph	Flu	Lang	Mod	Social	Voice

Date	Age	Treatment								
		AR	Artic	Cog	Dysph	Flu	Lang	Mod	Social	Voice

Total Hours for Semester

Actual Hours of Direct Supervision: _____

Supervisor's Signature: _____ ASHA #: _____

Date of Session: _____ Session #: _____ Client Initials: _____ Clinician: _____

Short Term Objective	Client Performance % and #correct/total #	Comments
1.		
2.		
3.		
4.		
5.		
TOTALS		

Self Evaluation of Clinical Performance

Strengths: _____

Areas to Improve: _____

Additional Comments: _____