4) **Voluntary Stuttering Assignment:** Treatment from the borderline to advanced person who stutters involves the use of voluntary stuttering. Placing voluntary stuttering within your own speech during therapy is important for a number of reasons. One of the major reasons is to show the client you are willing to walk in their shoes. In place of not meeting for class on June 26, I want you and a partner to go to a local mall and interact with five different individuals using voluntary stuttering. You need to use a variety of different types of both core behaviors and secondary behaviors in your own speech. You need to plan this ahead of time with your partner (i.e., actually write out what you are going to say and indicate the type and location of behavior). I want you to answer the following questions for each situation:

1) how did you feel prior to going into the situation?
2) have you ever felt this way before and if so, when and why?
3) how do you think the person you were going to talk to would respond?
4) did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.
5) how did the person respond to you? Did he/she respond to you in a different way than you predicted?
6) how did you feel afterwards?

Please use the observations of your partner when appropriate, along with your own, to answer the above questions.

After completing all five situations, I want you to write at least a one page, single spaced paper summarizing what you have learned from this experience and how it will influence your practice in the future. Along with this paper, attach the responses to each of the questions for each of the five situations. Please bold the question and use regular font for the responses.

### Grading

<table>
<thead>
<tr>
<th>Scoring:</th>
<th>Grading Scale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam #1: $\geq$ 100/100</td>
<td>315-287</td>
</tr>
<tr>
<td>Exam #2: $\geq$ 100/100</td>
<td>286-255</td>
</tr>
<tr>
<td>Quiz #1: Simple Core Behaviors</td>
<td>254-224</td>
</tr>
<tr>
<td>Quiz #2: Complex Core Behaviors</td>
<td>223-193</td>
</tr>
<tr>
<td>Quiz #3: Avoidance Behaviors</td>
<td>192 and below</td>
</tr>
<tr>
<td>Quiz #4: Escape Behaviors</td>
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<tr>
<td>Voluntary Stuttering Assignment</td>
<td></td>
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<tr>
<td>Treatment Presentation</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>315</td>
</tr>
</tbody>
</table>

Any late projects will drop half a grade for every day they are late.
This experience has taught me a lot and showed me how I can use voluntary stuttering in therapy in the future. Before using voluntary stuttering for this assignment, I had never tried to stutter on purpose. I understand now how hard it is to actually get up the courage to go up to new people who may not know or understand your situation (how nervous you may be) and start up a conversation with them. This project was good to help me actually feel what it feels like to get so nervous you would just rather not talk at all. I had felt nervous before giving speeches, but not going up to ask where the restroom was, or ordering food, or asking how much a shirt cost.

Another thing I learned was that people respond to stuttering in different ways. While many people do not acknowledge a stuttering moment with facial expressions or comments, there are some that do. If someone were to stutter in front of me I would wait for them to finish and then answer their question or continue the conversation without making a face or a rude comment. While doing this assignment most reacted the same way as I did. There were a few odd or tense facial expressions when I used a block with some eye shutting. I now realize that if I expected these behaviors when I was speaking, I would refrain from speaking in unfamiliar situations. Also, it is impossible to predict how someone may react to stuttering. Preparing a client in what to do or how to act when they receive an unwanted reaction from another person may be useful. Before going into this assignment, I just assumed that everyone would react the way I do, in a polite and kind manner.

Practicing voluntary stuttering has also influenced what I will do in the future. I have learned that voluntary stuttering is important when working with those who do stutter. It is important that they see you are willing to walk in their shoes. I have had a fluency client in the past, and after this assignment and the class so far, I have learned a lot of what I could have done with this client. I did do some voluntary stuttering with this client; however after doing this assignment and realizing how much it could help, I would have done much more of it. In the future I will use this strategy many more times in my therapy. When I was working with a fluency client, I thought that I understood how they felt by what they told me. From this assignment I learned that there is no possible way for me to actually know what they are feeling. By doing this, I was able to feel some of their feelings, such as being nervous, scared, and apprehensive about communicating.

I have also learned that putting yourself in someone else’s shoes works well with all sorts of therapy if possible; not just fluency therapy. Many of the clients that speech-language pathologists work with realize that we can not understand exactly how they are feeling- this is more with teen children and older. I have had a client put me in my place and say, “You don’t know how difficult this is”. This is true, I can try to understand and react about feelings and attitudes, but I do not truly know what they are feeling. When doing voluntary stuttering and putting myself in a person who stutter’s shoes, I was able to get more realistic feelings of what it is like to stutter. In my future therapies, “putting myself in their shoes” as much as possible will be an important strategy. I have learned that this will probably increase rapport with clients; they can see that you are willing to go to extra lengths to help them and understand what it is like for them everyday.
**Situation 1:** Ordering a drink at Panera  
Behavior: block and eye shut on the word “Diet”

1) **How did you feel prior to going into the situation?**  
   I was nervous and I really did not want to go up and order. My palms were actually sweating.

2) **Have you ever felt this way before and if so, when and why?**  
   Yes, I have before giving a speech in front of a large group of people. I would get very nervous and almost feel sick. Once I got started on the speech I would be ok, but the anticipation would really get to me.

3) **How do you think the person you were going to talk to would respond?**  
   I figured the person at the counter would react the same way I would react in the same situation; just politely smile and wait for me to finish my sentence.

4) **Did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.**  
   Yes I did.

5) **How did the person respond to you? Did he/she respond to you in a different way than you predicted?**  
   The person at the counter did respond to me in the way I thought she would. She politely waited for me to finish my sentence and then continued on with how much I owed her.

6) **How did you feel afterwards?**  
   I felt relieved to have done the first one and done it correct. I was proud of myself for actually putting myself out there and trying to do something that could benefit a client in the future of working as a speech language pathologist.

**Situation 2:** Asking how much a shirt cost at The Limited  
Behavior: sound/syllable repetition on the /m/ of “much”

1) **How did you feel prior to going into the situation?**  
   I felt pretty much the same as the situation above. I was again extremely nervous and sweating more than normal. Also, sick to my stomach or butterflies in my stomach.

2) **Have you ever felt this way before and if so, when and why?**  
   Yes, I have before giving a speech in front of a large group of people. I would get very nervous and almost feel sick. Once I got started on the speech I would be ok, but the anticipation would really get to me.

3) **How do you think the person you were going to talk to would respond?**  
   Because of how the first person reacted, I thought again this person would react politely and just wait for me to finish what I was saying.

4) **Did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.**  
   I did stutter the way I wanted, but I did not get out as many repetitions as I had planned on doing. I think because I was so nervous and just wanted to get it over with that it did not come out as intended. Before going, I think practicing what I was going to say over and over again would be beneficial for my next interaction.

5) **How did the person respond to you? Did he/she respond to you in a different way than you predicted?**  
   This person waited for me to finish my question and then politely answered my question and walked on after I nodded. This is what I expected.
6) How did you feel afterwards?
I felt the same way that I had in the previous situation. This made me more confident for my next situation.

Section 3: Asking a store clerk where the nearest restroom was located
Behavior: looking down at the ground; sound prolongation on the /wh/ of “where”
1) How did you feel prior to going into the situation?
Before I did this stuttering, I felt more confident because of the way the previous people had responded. After doing it a couple of times I was also more comfortable with voluntary stuttering.
2) Have you ever felt this way before and if so, when and why?
This is how I feel normally when going up to talk to people. Asking questions to people who I do not know makes me slightly nervous, but never to the extent I was feeling in the first situation. Having this as my third voluntary stuttering I was much more confident and less nervous.
3) How do you think the person you were going to talk to would respond?
I thought the person would respond in the ways the other people had responded above.
4) Did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.
Yes I did stutter the way I had intended.
5) How did the person respond to you? Did he/she respond to you in a different way than you predicted?
The person I asked responded with a “What?” before I had finished even asking my question. As I looked up, the person was giving me an odd look like they were struggling to understand what I was saying. This was much different than the people before had responded and I was actually pretty shocked.
6) How did you feel afterwards?
Afterwards, I felt embarrassed and self conscious. I did not want to continue on with the project. In order to regain my confidence I had to talk myself up and tell myself that it did not matter what that person did, and that I had to keep trying.

Situation 4: Saying thank you at the grocery store
Behavior: Whole word repetition of “thank”
1) How did you feel prior to going into the situation?
For this situation I was even more nervous that I was on the first situation. Because the store person reacted like he did in the situation before, this made me more nervous. I kept thinking of the bad ways that they could respond. I had a hard time focusing on the positive ways that people respond as well.
2) Have you ever felt this way before and if so, when and why?
I don’t think I had ever felt this way to the extent that I did. I was more nervous that usual. I tend to be pretty outgoing and in situations in which embarrassment could occur I tend to just avoid completely if possible.
3) How do you think the person you were going to talk to would respond?
For this situation I really did not know what to expect. I had received both positive and negative reactions so I was not sure which one to expect next.
4) Did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.
   Yes I did stutter the way in which I intended.
5) How did the person respond to you? Did he/she respond to you in a different way than you predicted?
   The lady at the counter responded with waiting for me to finish what I was trying to say and then smiled and said "you're welcome". She was a very polite older woman. I was happy to get a positive response again, after the last negative one.
6) How did you feel afterwards?
   I felt relieved that the person was polite and did not make me feel embarrassed. I did however feel slightly embarrassed about the people around me. They were all staring at me as I was checking out. None of them made a comment or a facial expression that I saw or heard but they did make me more nervous.

**Situation 5: Ordering a sandwich at Jimmy Johns**
   **Behavior:** postponement and interjection (uh)
1) How did you feel prior to going into the situation?
   I was back to being nervous like in the first and second situations. I had butterflies and again and just wanted to get the last situation over with. I feel like the anticipation was really getting to me.
2) Have you ever felt this way before and if so, when and why?
   Yes, I have before giving a speech in front of a large group of people. I would get very nervous and almost feel sick. Once I got started on the speech I would be ok, but the anticipation would really get to me.
3) How do you think the person you were going to talk to would respond?
   When I walked into the restaurant I realized there were all teen aged boys working the counter. This made me feel slightly more nervous than I was because I thought maybe someone so young may not respond politely or be able to hide their facial expressions. I tried not to stereotype but that was what was in my head.
4) Did you stutter in the way you intended? Why or why not? If appropriate, discuss what you needed to do to achieve your goal of voluntary stuttering for your next interaction.
   Yes I did stutter they way I wanted to.
5) How did the person respond to you? Did he/she respond to you in a different way than you predicted?
   The boy I ordered my sandwich from just stared open eyed and open mouthed while I had a long postponement. As soon as I started speaking again, the boy and the other workers all looked at each other and smiled. The negative behavior that these boys exhibited was sort of what I expected. I expected them to react in some way that may not be considered polite.
6) How did you feel afterwards?
   I was very embarrassed after this situation. The boys just kept smiling and snickering which made me embarrassed for the whole time I was in the store. I felt a little ashamed as I left the store, knowing that they would probably be talking about me as soon as I left.
Intercampus Program in Communication Disorders
Plan of Action

Student: ____________ Advisor: Debby Daniels

Evaluation point: (circle 1) [Mid-Program/Formative] End Program/Summative

Student Questions and Answers
1. What are your strengths in evaluating communication disorders?
   Desire to learn new tests that I may not be familiar with Administering assessments

2. What skills would you like to improve in evaluating communication disorders?
   Talking information & interpreting to reflect the big picture of communication; understanding how knowing which tests/evaluations to give after look at their history/concerns. 
   Improvement in this area.

3. How do you plan to try to improve your abilities in the areas identified in #2?
   Read the exam manuals more to get more information as to what the results mean continue to learn about new evaluations & consulting supervisors for ideas on evms.

4. What are your strengths in treating communication disorders?
   Providing supports & knowing what a client may need. Documentation has improved greatly & practice & a variety of staff.
   Rapport & interaction w/ clients 

5. What skills would you like to improve in treating communication disorders?
   Awareness of teaching strategies am using & present data to reflect the impact of my intervention

6. How do you plan to try to improve your abilities in the areas identified in #5?
   Setting back & really concentrating on what data I have & how it is showing things & how & use feedback from supervisors. Watch video tapes to get over & review strategies.

Submitted to Advisor on: 6-11-08
Meeting with Advisor on: 4/11/08

Strengths identified by the advisor:
- Performing well academically
- Performing well in clinic
- Self-analysis skills are good

Weaknesses identified by the advisor:
- Needs improvement

Agreed upon plan for remainder of program OR transition to CFY:
- More variety of clinical exp.
- Use of video for self-analysis

Student Signature: ____________________________  Advisor Signature: ____________________________
<table>
<thead>
<tr>
<th>Skill</th>
<th>Novice</th>
<th>Minimal Experience</th>
<th>Moderate Experience</th>
<th>Program Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collects case history information and integrates from all relevant sources</td>
<td>Inaccurate and Inefficient&lt;br&gt;Student omits/does not identify more than two relevant sources of information. Student does not identify clinical &quot;red flag&quot; requiring further clarification. Multiple errors of omission/accuracy/interpretation of case history information are present that compromise adequate evaluation planning. Student cites multiple instances of irrelevant information. This student requires constant direct instruction.</td>
<td>Partially accurate, slow&lt;br&gt;Student identifies at least two relevant sources of case history information. Student identifies clinical &quot;red flag&quot; but needs assistance in formulating questions of clarification. Support needed to develop at least one question for additional/clarifying information. Follow-up phone calls to gain additional information may be required. This student requires consistent direct instruction.</td>
<td>Accurate&lt;br&gt;Student obtains all relevant case history information. Student develops questions to address clinical &quot;red flag&quot; and/or to clarify information obtained. Student independently identifies needed information to develop an adequate evaluation plan. This student requires consultation from faculty and intermittent direct or specific instruction.</td>
<td>Accurate and Efficient&lt;br&gt;Accurate, complete case history information is obtained efficiently. This student operates independently with student-initiated consultative guidance as needed.</td>
</tr>
<tr>
<td>Synthesizes information to develop appropriate diagnostic questions</td>
<td>Absent synthesis/interpretation&lt;br&gt;Given the case history information, student is unable to form specific, individualized diagnostic questions. This student requires constant direct instruction.</td>
<td>Partial synthesis/interpretation&lt;br&gt;Given the case history information, student independently develops at least one diagnostic question. This question(s) are partially accurate, and the student requires consistent direct instruction to modify existing questions and/or add questions based on case history information.</td>
<td>Complete synthesis/interpretation&lt;br&gt;Given the case history information, the student independently develops multiple, accurate diagnostic questions with intermittent consultation.</td>
<td>Complete and Efficient&lt;br&gt;Multiple, accurate diagnostic questions are developed independently with student-initiated consultation as needed.</td>
</tr>
<tr>
<td>Obtains and reviews recommended resources recommended in timely fashion</td>
<td>Absence of Preparation&lt;br&gt;Despite provision of supporting resources, student is not prepared to discuss relevant clinical disorder information. Student is not prepared to participate in class or pre-evaluation conference. This student requires constant direct instruction.</td>
<td>Partial Preparation&lt;br&gt;Student is partially prepared to discuss relevant clinical disorder information in class and/or pre-evaluation conference, but still needs assistance in applying information to the individual client. This student requires consistent direct instruction.</td>
<td>Adequate Preparation&lt;br&gt;With provision of supporting resources, student applies relevant clinical disorder information to the individual client. Student demonstrates this synthesis during class and/or pre-evaluation conference. Intermittent consultation is required.</td>
<td>Efficient and Thorough&lt;br&gt;Student independently applies and synthesizes information gained from relevant coursework and/or supplemental information to the individual client. Student presents clear, thorough verbal presentation in class and/or pre-evaluation conference with student-initiated consultation as needed.</td>
</tr>
<tr>
<td>Develops appropriate and thorough evaluation plan</td>
<td>Inaccurate and Inefficient&lt;br&gt;Evaluation plan will not answer diagnostic questions. Selected procedures are incomplete or incorrect, given the case history information and diagnostic questions. This student requires constant direct instruction.</td>
<td>Partially Accurate&lt;br&gt;Evaluation plan partially answers diagnostic questions. No options for on-line modifications are presented. Student requires direction for selection of appropriate diagnostic materials and potential adaptations. This student requires consistent direct instruction.</td>
<td>Accurate&lt;br&gt;Student develops adequate evaluation plan to address diagnostic questions. Student identifies 1-2 potential on-line modifications to plan. Student may need assistance identifying new or unfamiliar tools as well as additional/modified adaptations. Intermittent consultation required.</td>
<td>Accurate and Efficient&lt;br&gt;Student independently researches relevant diagnostic tools and subsequently develops thorough evaluation plan, including a variety of potential on-line modifications, with student-initiated consultation as needed.</td>
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</table>
### PLANNING (cont)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Absence of Preparation</th>
<th>Partial Preparation</th>
<th>Adequate Preparation</th>
<th>Program Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arranges environment suitable to client, clinician, family, supervisor/faculty and observers</td>
<td>No modification to existing diagnostic setting is made to accommodate individual evaluation needs. The student requires constant direct instruction.</td>
<td>Student identifies at least one potential modification to diagnostic setting that may be required to accommodate individual evaluation needs but may have difficulty generating alternative modifications. Assistance with accommodations may be provided after evaluation has begun.</td>
<td>Based on case history information, student independently predicts what modifications to the evaluation setting may be required for optimal client performance. Consideration of supervisor/faculty, family and/or observer needs may or may not have been considered. Accommodations may be made after evaluation has begun. Intermittent consultation is required.</td>
<td>Based on case history information, student independently predicts what modifications to the evaluation setting may be required for optimal client performance. Student independently problem solves setting accommodations that need to be made during the evaluation. The setting has been arranged for adequate viewing by other observers/participants. Student initiated consultation occurs on an as needed basis.</td>
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### IMPLEMENTATION

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<tr>
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<tbody>
<tr>
<td>Administers assessment measures accurately and efficiently</td>
<td>Inaccurate and Inefficient</td>
<td>Partially accurate, slow</td>
<td>Accurate</td>
<td>Accurate and Efficient</td>
</tr>
<tr>
<td>Administration of measures is inaccurate and inefficient. Errors are made in administration and the client’s attention and participation are compromised due to the time it takes to complete the assessment. This student requires constant direct instruction.</td>
<td>Administration is partially accurate. Some measures are administered or collected accurately while others are not. Administration inaccuracies arise from inaccurate establishment of baselines and ceiling on standardized measures and/or poor collection techniques for informal measures such as communication, language, and speech samples. Standardized measures are administered more efficiently but client’s attention and participation have to be regained during the assessment. This student requires consistent direct instruction.</td>
<td>Administration and data collection of familiar tools are accurate and efficient. Student uses a narrow range of strategies in an attempt to maintain the client’s attention and participation. This student requires consultation from faculty and intermittent direct or specific instruction.</td>
<td>Administration and data collection of multiple measures are consistently accurate and efficient. The client’s attention and participation are gained and retained throughout the assessment using a variety of individualized strategies. This student operates independently with consultative guidance as needed.</td>
<td></td>
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<tr>
<td>Sets priorities and restructures within the diagnostic setting</td>
<td>Does not set priorities or restructure within setting</td>
<td>Prioritizes but does not restructure</td>
<td>Prioritizes and restructures portions of assessment</td>
<td>Prioritizes and restructures</td>
</tr>
<tr>
<td>Continues with assessment as planned even when it is not appropriate based on client response to the situation and presentations. This student requires constant direct instruction.</td>
<td>Has priorities in mind but does not restructure within the diagnostic setting to meet those priorities. The student needs consistent direct instruction to restructure within the setting.</td>
<td>Priorities are set and restructuring takes place as needed within the diagnostic setting. Student is not able to articulate the factors that influenced the restructuring and the choice of strategies to do so. Consistent consultation from faculty is needed.</td>
<td>Relates priorities and restructuring during the diagnostic setting to the purpose of the assessment. Is able to articulate the factors that influenced the restructuring. Student operates independently with consultation from faculty when requested.</td>
<td></td>
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### IPCD Diagnostic Knowledge & Skills for MA SLP

<table>
<thead>
<tr>
<th>Establishes and maintains rapport</th>
<th>Does not have rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is courteous and respectful but</td>
<td>Unattentive and able to</td>
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<tr>
<td>focuses more on self and the task</td>
<td>maintain rapport to obtain</td>
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<tr>
<td>at hand than on client’s and/or</td>
<td>an optimal representative</td>
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<tr>
<td>family’s needs and concerns.</td>
<td>sample of client behavior.</td>
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<thead>
<tr>
<th>Establishes but does not maintain rapport</th>
<th>Establishes and maintains rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is less focused on self but not able to maintain rapport to obtain an optimal representative sample of client behavior.</td>
<td>Gains and maintains client’s attention and participation with support of supervisor during the assessment process to obtain an optimal representative sample of client behavior. Is able to gain needed information when prompted by supervisor while relating personally with the client.</td>
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#### INTERPRETATION & RECOMMENDATION

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<tr>
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<tbody>
<tr>
<td>Diagnosis</td>
<td>Inaccurate and/or Unclear</td>
<td>Partially accurate, poorly justified, narrow</td>
<td>Accurate, limited justification, narrow</td>
<td>Accurate, well justified, comprehensive</td>
</tr>
<tr>
<td></td>
<td>Diagnosis is unclear or inaccurate. Interpretations of multiple diagnostic measures are inaccurate (and possibly narrow). Diagnostic measures may have been scored or completed inaccurately.</td>
<td>Clear but partially accurate diagnosis. Inaccuracies arise from inaccurate interpretations of some diagnostic measures and/or lack of experience with the specific communicative disorder. Justification may be narrow. Diagnosis also may not be comprehensive or may contain some inaccuracies in summarizing strengths and weaknesses in the areas examined.</td>
<td>Clear and accurate diagnosis including level of significance, but justification is weak because only limited information is included to support the diagnosis. The information included is accurately interpreted. Diagnosis also may not be comprehensive, summarizing strengths and weaknesses in a few of the areas examined.</td>
<td>Clear and accurate diagnosis, including level of significance. Diagnosis justified by accurate interpretation of multiple pieces of information (e.g., standardized tests, developmental norms, informal observations, reports by others). Diagnosis is comprehensive, summarizing strengths and weaknesses in all areas examined.</td>
</tr>
<tr>
<td>Recommendation &amp; Referral</td>
<td>Inaccurate and/or Unclear</td>
<td>Partially appropriate, narrow</td>
<td>Appropriate, vague, narrow</td>
<td>Appropriate, detailed, comprehensive</td>
</tr>
<tr>
<td></td>
<td>Recommendation is confusing or inappropriate. Recommendation for each area of weakness has shortcomings (e.g., absent or inaccurate). Recommendations are not explicitly tied to the diagnosis. Additional needed services are not recommended.</td>
<td>Clear but partially appropriate recommendation. Treatment or monitoring is recommended for some areas of weakness but not others. Alternatively, recommendation may be inaccurate for some areas of weakness but accurate for other areas of weakness. Recommendation may not be explicitly tied to the diagnosis. Some additional needed services are recommended but others are not.</td>
<td>Clear and appropriate recommendation but some details are missing. Treatment or monitoring is recommended but the area identified may be general (e.g., “language”) and/or the format of treatment or monitoring is not specified. Recommendation is explicitly tied to the diagnosis. Other services are appropriately recommended but recommendation is vague (e.g., additional SLP testing but areas to be tested not identified).</td>
<td>Clear, appropriate, and detailed recommendation that identifies areas for treatment or monitoring and formal of treatment or monitoring (e.g., frequency, duration, context). Recommendation is explicitly tied to the diagnosis. Other services are appropriately recommended, including specific follow-up testing by SLP and/or a specified plan for referral to other professionals.</td>
</tr>
</tbody>
</table>

Diagnostic 3 of 4
<table>
<thead>
<tr>
<th>Skill</th>
<th>1. Novice&lt;sup&gt;1&lt;/sup&gt;</th>
<th>2. Minimal Experience&lt;sup&gt;2&lt;/sup&gt;</th>
<th>3. Moderate Experience&lt;sup&gt;3&lt;/sup&gt;</th>
<th>4. Program Completion&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative and</td>
<td>Absent</td>
<td>Inaccurate, late</td>
<td>Accurate, late</td>
<td>Accurate, on-time</td>
</tr>
<tr>
<td>Professional Responsibilities</td>
<td>Reports and/or other record keeping (e.g., billing, chart notes, progress notes) are not completed.</td>
<td>Reports and/or other record keeping (e.g., billing, chart notes, progress notes) are not completed accurately and on-time consistently.</td>
<td>Reports and/or other record keeping (e.g., billing, chart notes, progress notes) are completed accurately but not consistently on-time.</td>
<td>Reports and/or other record keeping (e.g., billing, chart notes, progress notes) are completed accurately and on-time.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Does not maintain confidentiality</td>
<td>Partially appropriate, narrow Student is unaware of HIPAA and clinic confidentiality standards but has difficulty applying these standards consistently.</td>
<td>Usually maintains confidentiality Usually maintains confidentiality according to HIPAA and clinic policies. Does not consistently make good clinical decisions based on their understanding of the rationale for these policies.</td>
<td>Maintains confidentiality Maintains confidentiality according to HIPAA and clinic policies. Is able to make good clinical decisions based on their understanding of the rationale for these policies.</td>
</tr>
<tr>
<td>Oral Communication</td>
<td>Inappropriate Inappropriate professional communication across multiple individuals and/or settings. Rarely modifies terminology and/or amount of information based on individual's background and needs. Constant support required.</td>
<td>Inconsistent Appropriate professional communication with a variety of individuals (e.g., client, family, other professionals). Modifies terminology and/or amount of information based on individual's background and needs with consistent support.</td>
<td>Consistent with support Appropriate professional communication with a variety of individuals (e.g., client, family, other professionals) most of the time. Modifies terminology and/or amount of information based on individual's background and needs with support.</td>
<td>Independent Consistent appropriate professional communication with a variety of individuals (e.g., client, family, other professionals). Consistently independently modifies terminology and/or amount of information based on individuals' background and needs.</td>
</tr>
<tr>
<td>Written Communication</td>
<td>Unclear/Inaccurate Synthesis of information is unclear and/or inaccurate.</td>
<td>Clear, accurate, inappropriate detail AND reading level Synthesizes information clearly, accurately. However, amount of detail may be inappropriate given the context AND the level may not be appropriate for the primary reader.</td>
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<td>Clear, accurate, detailed, reader friendly Synthesizes information clearly, accurately with appropriate amount of detail at a level appropriate for the primary reader.</td>
</tr>
</tbody>
</table>

**General Evaluation**

- **Novice**
  - No evaluation coursework, no clinical evaluation experience
- **Minimal Experience**
  - Either has taken SPLH 860 OR has clinical evaluation experience
- **Moderate Experience**
  - Has taken SPLH 860 AND has clinical evaluation experience
- **Program Completion**
  - Has had multiple courses and clinical experiences evaluating numerous aspects of communication in a variety of settings.

**Topic-Specific Evaluation**

- **Novice**
  - No topic-specific coursework; no topic-specific clinical experience
- **Minimal Experience**
  - Either has taken a course in topic area OR has clinical experience in topic area
- **Moderate Experience**
  - Has had multiple experiences in topic area (e.g., course + clinical; multiple courses; multiple clinics)

*Diagnostic 4 of 4*
## IPCD Treatment Knowledge & Skills for MA SLP

<table>
<thead>
<tr>
<th>Skill</th>
<th>Novice¹</th>
<th>Minimal Experience²</th>
<th>Moderate Experience³</th>
<th>Program Completion</th>
<th>Program Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inaccurate and Inefficient</td>
<td>Student does not identify individualized treatment goals and/or objectives and does not consult relevant evidence. This student requires constant direct instruction.</td>
<td>Student identifies one or more areas for treatment; however, targeted areas may or may not be appropriate to client needs and may not be based on relevant evidence. This student does not write measurable treatment goals and objectives. This student requires consistent direct instruction.</td>
<td>Student identifies one or more appropriate areas for treatment, but requires assistance in writing measurable goals and objectives and/or finding or applying relevant evidence. This student requires consultation from faculty and intermittent direct or specific instruction.</td>
<td>Appropriate, measurable treatment goals and objectives are obtained efficiently and are based on available evidence. This student operates independently with student-initiated consultative guidance as needed.</td>
</tr>
<tr>
<td>Selects appropriate materials and procedures</td>
<td>Absent</td>
<td>The student is unable to select TX materials and procedures independently and does not consult relevant evidence. This student requires constant direct instruction.</td>
<td>Partial Selection</td>
<td>The student independently selects least one appropriate TX material or procedure, or the student selects inappropriate materials/procedures or those without supporting evidence. The student requires consistent direct instruction to modify selected materials/procedures.</td>
<td>Complete Selection</td>
</tr>
<tr>
<td>Arranges environment suitable to client, family, and observers</td>
<td>Absence of Preparation</td>
<td>Despite provision of supporting resources, student is not prepared to discuss relevant factors related to arrangement of the treatment environment. This student requires constant direct instruction and/or supervisor consistently suggests modifications to environmental arrangements during treatment planning.</td>
<td>Partial Preparation</td>
<td>Student is partially prepared to discuss relevant factors related to arrangement of the treatment environment, but still needs assistance in applying information to the individual client. The student may be unaware of need to make modifications for treatment. This student requires consistent direct instruction.</td>
<td>Adequate Preparation</td>
</tr>
<tr>
<td>Develops plan for data collection</td>
<td>Inaccurate and Inefficient</td>
<td>The student is unsure if what skills to monitor in intervention. The student is unaware of the need to collect data measuring client progress. This student requires constant direct instruction.</td>
<td>Partially Accurate</td>
<td>The student partially or incorrectly identifies skills to be monitored in intervention. This student requires consistent direct instruction.</td>
<td>Accurate</td>
</tr>
</tbody>
</table>
# IPCD Treatment Knowledge & Skills for MA SLP

## IMPLEMENTATION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Treatment procedures not implemented&lt;br&gt;Does not implement treatment procedures. The student requires constant direction and modeling of the strategies needed and when to implement them.</td>
<td>Treatment procedures implemented inappropriately or inconsistently&lt;br&gt;The student implements treatment procedures but they may not be appropriate for the client or are not consistently used. The student can implement strategies with ongoing instruction and support. The support provided is specific and direct.</td>
<td>Some treatment procedures implemented appropriately&lt;br&gt;The student is able to implement some treatment procedures with general direction but still requires direct instructions for others. Needs support of clinical faculty to make changes based on client performance and/or faculty feedback.</td>
<td>Appropriate treatment procedures implemented&lt;br&gt;Implements appropriate treatment procedures consistently and can independently make changes based on client performance and/or clinical faculty feedback.</td>
</tr>
<tr>
<td>Uses appropriate activities and materials in sessions</td>
<td>Does not use appropriate activities and materials in sessions&lt;br&gt;Does not use appropriate activities and materials with client. Is not able to select and use materials without constant direction from faculty.</td>
<td>Uses some appropriate activities or materials in sessions&lt;br&gt;Uses some appropriate activities or materials but not both. Uses materials and/or activities that he/she is familiar with rather than what is appropriate to client. Requires ongoing support, direct instruction, and explanation to/from faculty.</td>
<td>Uses some appropriate activities or materials in sessions&lt;br&gt;Uses some materials and activities that are appropriate during sessions but not all used are appropriate to the client or adapted to meet their needs. The student requires consistent feedback and some direct instruction.</td>
<td>Uses appropriate activities and materials in sessions&lt;br&gt;Consistently uses materials and activities that are appropriate for client and goals. Self-initiated consultation from faculty.</td>
</tr>
<tr>
<td></td>
<td>Does not anticipate or react to needs of client&lt;br&gt;Is courteous and respectful but focuses more on self and the task at hand than on client's and/or family's needs and concerns. Is not able to recognize cues from client.</td>
<td>Reacts but does not anticipate needs of client&lt;br&gt;Is less focused on self and is able to react to but not anticipate personal needs of client. Can identify needs after the fact but not during session. May be able to anticipate personal needs of familiar clients.</td>
<td>Anticipates and reacts to some needs of client&lt;br&gt;Is able to anticipate and react to most personal needs of a variety of clients. Is not always able to recognize subtle, nonverbal cues from client.</td>
<td>Anticipates and reacts to needs of client&lt;br&gt;Is able to anticipate and react to personal needs of a variety of clients, recognizing overt and subtle verbal and nonverbal cues from client.</td>
</tr>
<tr>
<td></td>
<td>Does not modify or adapt strategies or activities&lt;br&gt;Does not recognize need to modify activities. Continues with planned activities even when it is not appropriate based on client response. The student requires constant direct instruction.</td>
<td>Modifies activities but not strategies&lt;br&gt;Recognizes need to modify activities based on client’s performance/participation and intervention goals, but selected modification may not be appropriate or need direct faculty support for appropriate modification.</td>
<td>Modifies or adapts some strategies and activities&lt;br&gt;The student can modify some, but not all activities and strategies based on client’s performance/participation and intervention goals. The student is not able to articulate factors that influenced the need to modify and adapt. Consistent consultation from faculty is needed.</td>
<td>Modifies and adapts strategies and activities&lt;br&gt;Relates modifications and adaptations to the client’s performance/participation and their intervention goals. Is able to articulate factors that influenced the need to modify and adapt. Student operates independently with self-initiated consultation from faculty.</td>
</tr>
</tbody>
</table>
# IPCD Treatment Knowledge & Skills for MA SLP

<table>
<thead>
<tr>
<th>Skill</th>
<th>1. Novice&lt;sup&gt;1&lt;/sup&gt;</th>
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<th>3. Moderate Experience&lt;sup&gt;3&lt;/sup&gt;</th>
<th>4. Program Completion&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
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<tbody>
<tr>
<td><strong>Summary of Treatment Progress</strong></td>
<td>Inaccurate and/or Unclear</td>
<td>Partially accurate, poorly justified, narrow</td>
<td>Accurate, limited justification, narrow</td>
<td>Accurate, well justified, comprehensive</td>
</tr>
<tr>
<td><strong>Recommendation &amp; Referral</strong></td>
<td>Inaccurate and/or Unclear</td>
<td>Partially appropriate, narrow</td>
<td>Appropriate, vague, narrow</td>
<td>Appropriate, detailed, comprehensive</td>
</tr>
</tbody>
</table>

**Collects appropriate baseline and post-intervention data**
The student collects appropriate baseline and post-intervention data and is able to articulate the importance of the data to client gains in communication as well as the factors influencing the choice of data to collect. Student operates independently with consultation from faculty when requested.

**Collects some appropriate baseline and post-intervention data**
The student can articulate why it is important to collect the data but not the factors influencing the choice of data to collect. Consistent consultation from faculty is needed.

**Collects appropriate baseline but post-intervention data**
Collects appropriate baseline and post-intervention data but not both. The student is not able to articulate why the data are important. The student needs consistent, direct instruction to understand and collect appropriate data.

**Collects no baseline or post-intervention data**
Student is not aware that baseline and post-intervention data are needed or the relationship of these data to the client’s goals. The student requires constant direct instruction.

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**INTERPRETATIVE SUMMARY & RECOMMENDATION**

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<thead>
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**Collects appropriate baseline and post-intervention data**
The student collects appropriate baseline and post-intervention data and is able to articulate the importance of the data to client gains in communication as well as the factors influencing the choice of data to collect. Student operates independently with consultation from faculty when requested.

**Collects some appropriate baseline and post-intervention data**
The student can articulate why it is important to collect the data but not the factors influencing the choice of data to collect. Consistent consultation from faculty is needed.

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Collects appropriate baseline and post-intervention data but not both. The student is not able to articulate why the data are important. The student needs consistent, direct instruction to understand and collect appropriate data.

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</tr>
</thead>
<tbody>
<tr>
<td>Administrative and Professional Responsibilities</td>
<td>Absent</td>
<td>Inaccurate, late</td>
<td>Accurate, late</td>
<td>Accurate, on-time</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Does not maintain confidentiality Regularly violates HIPAA and/or clinic confidentiality standards. Student is unaware of HIPAA and/or clinic confidentiality standards.</td>
<td>Partially appropriate, narrow Student is knows HIPAA and clinic confidentiality standards but has difficulty applying these standards consistently.</td>
<td>Usually maintains confidentiality Usually maintains confidentiality according to HIPAA and clinic policies. Does not consistently make good clinical decisions based on their understanding of the rationale for these policies.</td>
<td>Maintains confidentiality Maintains confidentiality according to HIPAA and clinic policies. Is able to make good clinical decisions based on their understanding of the rationale for these policies.</td>
</tr>
<tr>
<td>Oral Communication</td>
<td>Inappropriate Inappropriate professional communication across multiple individuals and/or settings. Rarely modifies terminology and/or amount of information based on individual’s background and needs. Constant support required.</td>
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<sup>1</sup>Novice: No evaluation coursework, no clinical evaluation experience

<sup>2</sup>Minimal Experience: Either has taken SPLH 860 OR has clinical evaluation experience

<sup>3</sup>Moderate Experience: Has taken SPLH 860 AND has clinical evaluation experience

<sup>4</sup>Program Completion: Has had multiple courses and clinical experiences evaluating numerous aspects of communication in a variety of settings.
I. DEMOGRAPHIC INFORMATION

Patient's Name: XXX  
Social Security #: XXXX

Date of Birth: XX/XX/XX  
Phone Number: XXXX

Address: XXX

Patient's Primary Contact Person: XXX  
Relationship to Patient: Daughter

Address: XXX  
Phone Number: XXXX

Medical Diagnosis: Amyotrophic Lateral Sclerosis (335.2)

Communication Diagnosis: Dysarthria (784.5)

Date of Onset: March 2007  
Date of Request: 3/7/08

Date of Evaluation: 2-27-08

Physician: Dr.  
Phone Number: XX

Speech-Language Pathologist: Julie Gatts,  
M.A., CCC-SLP  
Phone Number: 785-864-0552

II. CURRENT COMMUNICATION IMPAIRMENT

A. General Statement

Diagnosis: Amyotrophic Lateral Sclerosis (ICD-9 Diagnostic Code: 335.20)

XX attended an assessment with her daughter, XX. Cheryl was her primary care provider within her family and when out in the community. XX's primary care providers at her home included the staff at the assisted living home she recently moved into.

Secondary to ALS, XX presents with a severe dysarthria. She produced differentiated vowels and consonants with little varying intonation. She spoke in one to three word utterances at a slow rate and with moderate imprecision which increased with fatigue. Speech was reported to be understood 25% of the time by family and friends and 10% of the time by strangers. XX's family and friends had significant difficulty understanding her on the phone. The staff at the assisted living home- XXX- has reported trouble understanding her as well. XX reported being discouraged and frustrated when others did not understand
her, and often ended up crying. The clinicians understood her approximately 20% of the time during the assessment.

Oral motor movements were very slow and required extra effort. XX had decreased breath support and frequently ran out of breath when speaking in short utterances (1-3 words). XX was on continuous oxygen.

Anticipated Course of Impairment

Based on the 'Severe Dysarthria due to Amyotrophic Lateral Sclerosis Staging Scale' (a 5-point scale, with 1 being no detectable speech disorder and 5 being no useful speech), XX’s speech was characteristic of Stage 4: natural speech supplemented with SDG’s, and soon moving into stage 5: no useful speech. Given her current status and the progressive nature of ALS, it is anticipated that XX’s condition will deteriorate further. She and her family have indicated that her speech has steadily deteriorated in the past two months.

B. Comprehensive Assessment

Hearing

No problems with hearing noted or reported. She attended to and discriminated natural and synthetic speech at conversational loudness levels. XX and XX reported that her conversational partners appeared to have hearing within typical limits. XX and her primary communication partners possessed hearing abilities to effectively use SGD to communicate functionally.

Vision

XX wore glasses. She reported and demonstrated no problems with visual attention, scanning, tracking, or acuity with glasses on. She discriminated most text (size 9 and up) on multiple displays without difficulty. Although she could read size 9 font, she reported it took extra effort and she preferred font at sizes 11 and up (based on her response to the bigger font). XX possessed the visual ability to effectively use an SGD to communicate functionally.

Physical

XX used a rolling walker to ambulate. She maneuvered the walker independently and safely. She reported being in a chair 60% of her day, in bed 25% and with her walker the other 15%. She would need access to her SGD from her walker, bed, and chair.

She reported weakness in both upper extremities with more significant weakness in her left arm and hand. She was left handed prior to the onset of the ALS and reported using her right hand for most things now,
primarily because she had to. She did not feel that she used her right hand well but was unable to use her left hand for any functional activities. She was able to type on standard keyboard using her right hand with no indications of fatigue or discomfort after typing several sentences. However, she reported that her hand did become fatigued after use and especially at the end of the day so it was expected that extensive use of the keyboard or onscreen would be difficult and that she would need an option for alternative access for late in the day. Accommodations included the need for a switch to allow indirect access when fatigued.

XX wore a neck support/brace to assist with head support and control. Although she could turn her head and move it up and down, her range was restricted and her movements were slow and uncoordinated at times due to fatigue and the neck support.

XX possessed the physical abilities to effectively use a SGD with noted accessories to communicate functionally.

**Language Skills**

Informal assessment revealed oral and written language skills within functional limits. XX was an active participant in the history portion of the assessment using short 1-3 word answers, and had her daughter answer lengthy questions. She answered yes/no questions with 100% accuracy and followed complex directions related to device use with 100% accuracy. She typed grammatically correct and syntactically correct sentences when typing and using a word by word sentence generation program. She used the devices to comment and communicate information appropriately and effectively.

**Cognitive Skills**

XX retained task instructions without difficulty. She spontaneously used strategies to aid message production (e.g. abbreviates words, word prediction) after initial instruction. She consistently gave her partner feedback (using SGD and nonverbal cues) to indicate if her message was accurately interpreted. She corrected and clarified messages when appropriate. She spontaneously and appropriately shifted between communication approaches to maximize communication efficiency and did so on multiple devices. XX possessed the cognitive/linguistic abilities to effectively use an SGD to communicate and achieve functional communication goals.

**III. DAILY COMMUNICATION NEEDS**

**A. Specific Daily Communication Needs**
XX’s primary communication contexts involved 1:1 and small group situations but occasionally she was in a large group as well. In addition, she spoke on the phone to her sister who lived out of town, but reported not doing this anymore due to her decreased communication skills. Her primary environments were her assisted living facility, medical appointments, social outings, and Wal-Mart. Her primary communication partners included her daughter, staff at the assisted living facility, and sons. She would like to have her sister and other extended family in her primary or secondary communication circles but they were not in those circles now because of her dysarthria. Secondary communication partners included her medical providers and individuals out in the community. Specific message needs include expressing needs, making requests, asking questions, offering information, and expressing feelings/opinions. She expressed strong desire to communicate with her sister out of town on the telephone, to socialize with friends and family, and to communicate with medical professionals regarding her disease and treatment.

B. Ability to Meet Communication Needs with Non-SGD Treatment

She had previously received speech therapy which focused on her speech skills. However, given the current severity of her speech impairment, coupled with the progressive nature of ALS, therapy to improve speech production was no longer indicated and an alternative/augmentative means of communication was appropriate.

XX relied on yes/no responses, single word utterances, facial expressions, and simple gestures (e.g. pointing to items in environment) to meet her current communication needs. She and her family reported that her communication needs were not being met with increasing frequency. She consistently asked her daughter to speak for her at medical appointments and recently when her daughter couldn’t go with her, XX reported that her questions were not answered and she could not share the information she wanted to because the staff from the assisted living facility couldn’t understand her to assist with interpretation at the appointment. She is concerned that she is going to be less able to direct her medical care and life issues in the future as she is having difficulty with it now but her daughter helps compensate for her decreased communication. She would prefer to be able to communicate independently and not have to rely on her daughter for communication.

Due to the progressive nature of ALS XX’s current communication modes did not currently and would not, in the future, permit her to convey the type and complexity of information in the environments and with those partners with whom she interacts on a daily (i.e. daughter, sons, caregivers) or intermittent basis (i.e. physicians, out of town family, friends) at the level at which she was capable and desired to communicate.

IV. FUNCTIONAL COMMUNICATION GOALS
Upon receipt of an SGD, therapy will target the following goals. XX will:

- Demonstrate ability to master basic maintenance and operations of SGD (on-off, adjusting menu features such as voice and display) with 100% accuracy (within 2 weeks)
- Demonstrate ability to program stored messages independently with 100% accuracy (within 3 weeks)
- Convey complex needs/make requests to staff and family, by spelling, building sentences, or accessing preprogrammed messages on her SGD independently at least 5 times daily (within 3 weeks).
- Initiate social greetings, offer information, ask questions, express feelings and opinions through spelling and sentence building on SGD, during 1:1 and group situations with familiar and unfamiliar partners, independently at least 5 times a day (within 4 weeks).
- Use strategies on SGD to expedite message production when sharing information or asking questions of medical personnel, independently at least 3 times at her first appointment after receiving the device.
- Use the SGD to effectively communicate with her sister over the phone at least 1 time within 2 weeks of receiving the device and weekly thereafter.

V. RATIONALE FOR DEVICE SELECTION

A. General Features of Recommended SGD and Accessories

Based on the above noted comprehensive assessment, daily communication needs, and functional communication goals, XX requires an SGD with the following features:

**Input/Message Characteristic Features:**

- Direct and indirect selection
- Scanning and switch access
- Accessible from multiple positions (i.e. bed, chair)
- Access to word prompting or prediction and stored messages as needed to be used to increase efficiency in communication
- XX has primarily novel message needs and needs to have access to spelling and sentence building in addition to stored/preprogrammed messages

**Output:**

- Text-to-speech speech synthesis
- Capability to facilitate communication at a distance (varying intensity levels)
• Good sound and voice quality to allow phone access via a speaker phone, in small group environments and in the community with background noise.

• Other features:
  • Portable to accommodate conversational needs in various locations within assisted living home, social outings (i.e. movies) Wal-Mart, and at medical appointments. In this situation portable is defined as being able to put it in the bag on her walker or have another person carry it with her.
  • Long-lasting battery to ensure device is operational in various locations and to minimize need to be close to electrical outlet.

B. Recommended Medicare Device Category and Accessories

Codes

XX’s ability to meet daily communication needs will benefit from acquisition and use of the SGD Category (E2510).

C. Trials with SGDs

XX participated in trials with 3 SGDs in Category (E2510) that have the input and output features similar to those delineated above. The SGDs included Dynavox V, Dynavox V Max, and the Eco-14. Both current and future communication needs were considered as her physical condition would deteriorate.

1. Dynavox V. XX explored the Dynavox V. She accessed primarily pre-programmed messages organized by categories to communicate information. She was shown the Independent Adult User and explored both the pre-programmed pages and the Gateway 60 (word by word sentence generation). She used all function keys without difficulty such as yes, no, hi, and bye. XX accessed and used pre-programmed sentences with 100% accuracy. The scanning mode of the V was also demonstrated using a jelly bean switch. She was able to build sentences and select messages using direct selection and the jelly bean switch. XX explored the device somewhat tentatively because of the small size of the screen. She reported liking this device but feeling less comfortable with this device because of the size of the screen. She indicated it took more effort to read the smaller font and focus on and touch the smaller buttons. She used this device to communicate with the clinicians multiple times, making comments such as ‘darn’ when she was disappointed with something and ‘I want spaghetti’ when talking about food. She used word prediction multiple times on this device and used the pop-ups to finish sentences with ease.

2. Eco-14. XX explored the Eco-14. She explored the Wordcore 45 and 84 overlay and built short and simple sentences without difficulty. She used sentence building keys with 100% accuracy. XX liked being
able to build her own sentences, but also liked more of the pre-programmed sentences that the Dynavox V had. XX created multiple sentences and communicated several thoughts to the clinicians using the Eco-14 such as 'I am hungry', 'thank you', and 'this is neat'. She used the word and phrase prediction multiple times on this device to improve efficiency. XX was shown the integrated head pointing feature, but demonstrated difficulty with this method due to her neck brace. She was able to move the mouse but it took more effort than she felt it was worth. She also used the jelly bean switch to access this device and preferred that mode of access to the integrated head pointing. XX expressed comfort with the larger screen, but felt that the pages she used on the V-Max or the V were easier for her to access and use to communicate. The clinicians felt that although she used this device independently to communicate and navigated through multiple pages, she was more efficient using the Word Power pages of the V-Max.

3. Dynavox V Max. XX explored the Dynavox V Max. She was shown the Independent Adult and the Word Power users. She accessed pre-programmed sentences and used word by word sentence generation to communicate novel ideas 100% accuracy. For example, she communicated that it was her friend's birthday by saying 'Happy Birthday', that she liked the device by saying 'I like this' and that she was ready to go home by saying 'time to go'. She explored and used all function keys (clear, delete, yes, no, etc.) and sentence building keys with 100% accuracy and recalled where the keys were as she navigated through different pages. She built and spelled lengthy, complex messages without difficulty and relatively rapidly using the Word Power overlay. XX used the jelly bean switch to access words and messages when the device was on scan mode. She learned the system and switch access very quickly and was very efficient with them. She liked the combination of pre-programmed sentences and sentence building and could integrate them well. She also expressed being able to see the large screen the best. XX was also shown how to program buttons and appeared to be at ease with that process. XX expressed that she felt most comfortable and felt she was efficient with the V-Max Word Power User when comparing all three devices. She used the jelly bean switch with ease and expressed that even now, when her hand got tired, there would be times when she would use it. Although this device (and the Eco-14) were heavier devices, she could lift it from the table to her walker bag and expressed that she was comfortable asking people to assist her with carrying it when needed.

XX's daughter, XX, concurred with her perceptions and her decision.

D. Recommended SGD and Accessories

Based on comprehensive assessment and SGD trials, it is recommended that XX be fitted with the Dynavox V Max. As the ALS progressed and XX's mobility decreased, if she became dependent on a wheelchair a mount should be obtained for the device. At that time a daessy folding mount would be recommended.
<table>
<thead>
<tr>
<th>Part Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>800165</td>
<td>Dynavox Series 5, North American, English Speaking.</td>
</tr>
<tr>
<td>750074</td>
<td>Series 5 VM/Max, SVGA, 256 MB, Black</td>
</tr>
<tr>
<td>600479</td>
<td>File, Ship Device as Dedicated SGD, V/VM/Max</td>
</tr>
<tr>
<td>150088</td>
<td>Promo, WordPower, w/file, on FO8</td>
</tr>
<tr>
<td>501429</td>
<td>Jelly Bean Switch - Black</td>
</tr>
</tbody>
</table>

Dynavox V Max and accessories are available from:

DynaVox Technologies
1.866.DYNAVOX (396.2869) or 412-381-4883; Fax 412-381-5241
2100 Wharton Street
Suite 400
Pittsburgh, PA 15203

The Jelly Bean Switch is available from:
AbleNet Inc.
2808 Fairview Avenue North
Roseville, MN
55113-1308
800-322-0956

E. Patient and Family Support of SGD

XX and her daughter demonstrate motivation to obtain and maintain an SGD. They had established basic skills with the Dynavox V Max and were anxious to learn more about it. They understood the pros/cons of different devices and identified the Dynavox V Max as the optimal device for her needs.

F. Physician Involvement Statement

A copy of this report has been forwarded to the patient's treating physician on 3-5-08 for review.

VI. TREATMENT PLAN

Upon receipt of SGD, it is recommend that XX receive two hours of training with her daughter to begin the process of setting up and programming the device. Ongoing intervention should be provided as needed beyond the initial setup. XX was informed that Dynavox provided support in the way of a company representative that could come to her home to assist with training, technical support over the phone, and online technical support.
V. SIGNATURES / SLP ASSURANCE OF FINANCIAL INDEPENDENCE

The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of the SGD.

Julie Gatts, MS CCC-SLP
Speech Language Pathologist
ASHA #
State Uc. 0233 (Kansas)

Jennifer Murray, B.A.
Student Speech-Language Pathologist

cc: Dr. Dick
Portfolio items for spring 2008

The clinical placement was the FACT team on the Lawrence campus. A client, age 60, was seen for individual treatment. He had cognitive decline with no known cause. Treatment goals focused on the consistent use of his PDA to help with memory, staying engaged and on topic during conversation, and organizing and planning ahead.

An evaluation was completed for a woman with ALS to receive an alternative augmentative communication (AAC) device. The evaluation consisted of interviewing the client and her daughter, and looking/trying different devices to see which one she liked the best and could fulfill her needs.
**University of Kansas**  
Schiefelbusch Speech-Language-Hearing Clinic  
1200 Sunnyside Drive, 2101 Haworth Hall  
Lawrence, Kansas  66045  
COMMUNICATION SUMMARY REPORT

Name: XX  
DOB: XX/XX/XX  
Family: XXX  
Address: XXX  
Phone: (c) XXXX  
Reporting Period: 3/4/08-3/25/08

**Diagnosis and Code:** 310.1  
**Initial Assessment Date:** N/A

**Outcome/s:** XX wants to independently manage his life (finances, scheduling, social, etc.).  
XX wants to be involved in the community (volunteer activities, conversation group, bridge group, and classes).  
XX wants to consistently spend time on and follow-through with cognitive exercises that will exercise his mind and increase attention, cognitive flexibility, and memory.

<table>
<thead>
<tr>
<th>Goals for Semester</th>
<th>Initial Status as of: 2/29/08</th>
<th>Ending Status as of: 3/25/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. XX will report entering his to do list into his computer instead of using paper and pen synchronizing his PDA to the computer afterward 3 times a week for 7/12 sessions during the semester.</td>
<td>1. In February, XX reported using pen and paper for his to-do list for the first two weeks. During the last two weeks of the month, XX reported entering his to-do list onto the computer five times a week. He reported synchronizing his PDA to the computer every morning after entering his to-do list. Progress was observed and he had used his computer to enter his to-do list at least 3 times a week in 3/5 sessions.</td>
<td>1. In March, XX reported putting his to-do list onto the computer every day of the week. If his to-do list did not change from the day before, it was reviewed but not changed. He reported synchronizing his PDA to the computer every morning after entering his to-do list. This goal will be targeted in the next month by his self-reporting and troubleshooting if his use of his computer and PDA for his to-do list should decrease. Progress was observed and he had used his computer to enter his to-do list at least 3 times a week in 3/3 sessions in March and 6/8 sessions across the semester.</td>
</tr>
<tr>
<td>2. XX will report checking his task list and calendar on his PDA before leaving his house 5 times a week for 9/12 sessions during the semester.</td>
<td>2. In February, XX reported checking his calendar on his PDA before leaving the house at least 5 times a week for 5/5 sessions (5 weeks). XX reported checking his to-do list on his PDA</td>
<td>2. In March, XX reported checking his calendar and his to-do list on his PDA before leaving the house at least 5 times a week for 2/2 sessions (2 weeks). An alarm was set on</td>
</tr>
</tbody>
</table>
3a. XX will remain engaged during conversation group by using clarification strategies or initiating communication (making comments and asking questions) 15 times during group in 90% of the group sessions he attends.

3b. XX will remain engaged during conversation group and game group by using clarification strategies or initiating communication (asking questions, making comments in game and conversation) 10 times during group in 90% of the group sessions he attends.

3. In February, XX made 10 to 12 comments and questions to remain engaged in conversation group 2/2 sessions that he attended. Due to a large number of people who attended the conversation group, it was hard to get 15 opportunities. He was judged to have been involved when he made 10-12 comments or questions in the group. This goal was revised to be XX will remain engaged during conversation group by using clarification strategies or initiating communication (asking questions, making comments in game and conversation group) 10 times during group in 90% of the group sessions he attends.

4. XX will forecast or plan 3-5 days ahead by organizing his schedule, putting appropriate tasks on his to-do list, making notes or memos, and scheduling social or volunteer activities in sessions 5/12 weeks during the semester and he observed or report independently reviewing the next several days four times during the semester.

4. In February, XX looked 3 days ahead in his calendar during 3/4 sessions. He did not add any memos or schedule any social plans during sessions. XX reported looking ahead at the next several days on his own at 1/4 sessions. The one time he did look, XX reported not paying attention to what his days consisted of. He stated that he understands the reason for looking ahead 3-5 days. The purpose was to plan his to-dos or other miscellaneous errands he needed to do into times that he had open and

XX's PDA at 8:30am to remind him to look at his to-do list and his calendar before he left for the gym each morning. This alarm had helped him check his PDA each morning. He had checked his task list and calendar before leaving his house 5 times a week for 3/7 sessions during the semester.

3. In March, XX attended 2 conversation groups. In conversation group no formal data was taken but on March 7, XX appropriately remained engaged during the conversation group. He asked appropriate questions while participating in the structured activity. XX used 10 clarification questions and appropriate comments about the game in game group 2/3 sessions that he attended. He was actively involved in the game and appropriately contributed to conversation regarding the game being played (“This is such a fun game” and “This is too hard for me, I need to draw another card”). He was judged to have been engaged in conversation in 4/5 sessions throughout February and March.

4. In March, XX looked 3-5 days in advance in his calendar during 2/2 sessions. He added an event into his calendar if he noticed it was missing while looking ahead. He did add 5 to-dos each session into his calendar with an alarm to ensure the important to-dos got done at a certain time. XX reported not looking ahead and forecasting when he would have time to complete to-do items independently. He had forecasted ahead in sessions in 5/6 sessions so far this semester and reported
5. XX will complete 7 exercises which could include Sudoku puzzles, crossword puzzles, synonym/antonym worksheets, brainteasers, word-finding activities etc. per week and bring them to therapy for 10/12 weeks.

5. In February, XX completed 7 exercises a week for 0/3 weeks. On 2/5 he completed 4/7 exercises, on 2/12 he did not bring back the packet, and on 2/19 XX completed 5/7 exercises.

5. In March, XX completed 7 exercises a week for 0/2 weeks. For each session he completed 6/7 worksheets and brought back the packet. The Sudoku puzzle was not finished each time, but he reported wanting to keep them in the puzzle packet in the future. He had completed 7 exercises in 0/5 weeks in which exercises were provided.

SUMMARY:
During March, XX attended 2/3 individual sessions, 2 conversation groups, and 2 game group sessions. Individual sessions occurred once a week at the clinic for an hour. One session was cancelled by the clinician because of spring break and XX missed one session at the end of March due to a work opportunity in Topeka. XX attended the conversation group session in two out of three weeks and the game group session in one out of three weeks for an hour in order to practice social interaction and increase awareness and use of pragmatic skills (staying involved in conversations, sharing the conversational load consistently, and using clarification strategies during a game). During the conversation group, XX was an active participant. He frequently initiated conversation, greeted other members, and asked questions to continue conversation and show his interest. During the game group, XX frequently asked questions to clarify the rules of a game and made appropriate comments to other group members to encourage their participation in the game (such as, “Good drawing!” Or “That was hard to act out; I can’t believe you did it!”).

Goal #1 and 2- use of his computer or PDA to set up and track his schedule and to-do list
To address these goals XX was given a daily chart to check off whether or not he entered his to-do list in his computer each day and whether or not he checked his PDA calendar and to-do list each day. Each session in March, he reported entering his to-do list into the computer most mornings. The few mornings where XX reported not entering his to-do list into the computer was due to his to-do list staying the same from the previous day. XX reported using a full size keyboard was much easier on him than writing due to the tremor in his hand. XX reported entering his calendar into his computer everyday and synchronizing his PDA to his computer every day before leaving the house. XX set an alarm at 8:30am and at 2:30pm to remind him to look at his PDA calendar and to-do list. This was done to help facilitate XX to check his PDA to-do list more than once in the morning. He reported that this was helpful in reminding him to check his to-do list, and therefore he remembered to run errands while he was already out of the house.

Goal #3- engaging in conversation group and game group
XX continued to use clarification strategies on several occasions during one-on-one sessions with the clinician. For example, before ending the session, he asked “What do I need to bring next week again?” He used them for the purpose of clarifying the clinician’s suggestions or questions. He
also paraphrased when the clinician was describing a rationale for strategies. XX attended the 12:30 conversation group on Friday for two weeks and it was noted that he asked appropriate questions, performed many initiations in the group and kept the flow of the conversation by asking the group questions. He had some difficulty responding appropriately to natural cues provided during a conversation. During one session, he was telling a story that began to get lengthy. The clinician gave a cue for him to stop talking by standing up and asking for a client’s information for the activity. XX did not notice this cue and continued his story. He also attended the 1:30 game group on Friday for two weeks. On March 7, XX used clarification strategies and appropriate comments to provide feedback to other group members at least 10 times. For example, XX asked “When I am the judge do not lay a card down correct?” and “These are really good cards, I don’t know which one to pick!” During game group, the clinicians would model how to play each game. One of the clinicians would ask a question to reinforce the rules and to demonstrate appropriate questions to ask during the game. XX followed these models well and asked appropriate questions throughout the game. The clinicians would say encouraging comments to clients when they answered a tough question or did a good job drawing. XX began to say these comments as well, such as “Good Job! I don’t know how you drew that so well!”

Goal #4- forecasting ahead 3-5 days
XX realized the importance of looking ahead at his schedule for the week in order to plan his to-dos and other activities according to how busy some days might be. During each session in March, XX and the clinician picked out five of his most important to-dos for that day or week. XX calls these “priority one to-dos”. He was observed to be organized with his to-dos each session. After the priority one to-dos were chosen, XX found a place in his daily calendar where each to-do could be done. He then entered them into his schedule and put an alarm with it. This was done with verbal prompting from the clinician, such as “How soon does this need to be done?” and “Here you are already picking up bread at the store, so it may be a good idea to put ‘get groceries’ in at this time too”. XX had not reported doing this task independently and needed support for the organization and planning aspect of the task. XX suggested having his independent helper remind him to look ahead and plan his to-dos each morning to help him get in the habit of doing this on his own. The clinician wrote a reminder note for XX to ask his helper if he would be willing to do this. Each task that was entered in XX’s PDA calendar in session was completed that week. This helped him accomplish tasks he needed to get down while out running other errands. The clinician will write “steps” for XX to help him think through how to organize tasks, such as “look for things that are close together physically, and look for things that could be obtained from the same location”. This will help XX with his organizational skills.

Goal #5- complete puzzle packet each week
XX reported that he enjoyed completing the cognitive worksheets that were sent home with him weekly. XX brought back his packet each session in March. Each time, he completed 6 out of 7 worksheets. The Sudoku puzzle was the worksheet he did not complete each time. The clinician suggested substituting another exercise for the Sudoku, but XX expressed that he wanted to keep the Sudoku puzzles and that he just needed to make time for it. At that time, the clinician suggested entering a designated time in his PDA to complete the Sudoku puzzles. XX picked out a specific time and entered it into his PDA calendar.

Progress was observed in XX’s organizational skills. Having the PDA with him allowed him to easily and immediately enter all the information he needed. XX reported having his PDA with him the majority of the day and that this was helpful in attending all his appointments. The forecasting of his week and entering to-dos into his calendar that was done in each session had helped XX accomplish important to-dos each week but he needed assistance with this process. He reported at one time having a few bad days, but since the to-dos were in his calendar he got them done on time.
NEXT STEPS AND RECOMMENDATIONS:

- XX and the clinician will continue to forecast 3-5 days and putting to-dos into his daily calendar when he has time during each session in order to get XX to do this skill independently.
- XX will finish the Sudoku puzzle in his puzzle packet each week. XX will do this puzzle in the designated time chosen each week and entered into this PDA calendar.
- Verbal prompting will be provided at each session for XX to look at his day and week in his PDA. During this process brainstorming scheduling needs, plans and changes will occur by talking about when he could do different tasks and considering the options and efficiency vs. convenience.
- XX will work with his independent helper each day to forecast his day and enter important to-dos during open times in his day.

Student Speech-Language Pathologist 3/31/08

Julie Gatts, M.A., CCC-SLP
Speech-Language Pathologist 3/31/08
ASSIGNMENT #3: FAMOUS VOICES

Your task is to identify a relatively well-known person or character who may have some type of voice disorder, potential for voice disorder, or at least has a unique or unusual voice. It may be someone who has a voice that is notably disordered or different based on what you hear, based on what you see them doing in terms of voice production (visually), or both. I am giving this to you right away here so that you can start running some things through your head and also to give you time to locate samples (I might be able to help if you start running into dead ends). I am attaching a list of people/characters that you are not allowed to choose – these were ones from last year and I want to see if you can help me expand my store of examples.

There are two parts to this.

PART 1. Obtain a brief clip of the voice (maybe 20 seconds up to a minute or two – depends on what you are trying to show). This could be audio or video. I am hoping to get the clip as some type of digital file. If you have the sample on a regular music cd and need help ‘ripping’ the digital file from that cd, I can help you with that if needed. If you have a video clip either on VHS or an a DVD, I can help you snap out the little bit that you want to use. If we keep these to very brief clips and if these are to be used strictly for demo/education purposes we should be ok with copyright issues.

PART 2. Type up answers to the questions that are on page 2.

POINTS: 10
DUE: Monday, October 1 at 5pm

PEOPLE/CHARACTERS YOU CANNOT USE:
Janis Joplin
Joe Cocker
Melissa Etheridge
Ertha Kit
Aretha Franklin
Slip Not
Stephen Jackson
Gilbert Godfreid (from Aladdin)
Joan Rivers
Megan Mullaly
Michael J. Fox
Mike Tyson
Pee Wee Herman
Peter Jennings
Rachel Ray
Scratch (from Saved by the Bell)
The gingerbread character from Shrek

EVAL SHEET FOR THIS ASSIGNMENT IS ON THE NEXT PAGE
| 1. Name | Fran Drescher |
| 2. Age (estimate is OK) | 50 |
| 3. Gender | Female |
| 4. Occupation (actor, singer, politician, etc.) | Actress |

| 5. Describe the sample (name of song, movie, etc.; length of the sample) | A clip from the TV show *The Nanny* 1 minute, 40 seconds [http://www.youtube.com/watch?v=8756Wg919N1&mode=related&search=](http://www.youtube.com/watch?v=8756Wg919N1&mode=related&search=) |

Your assessment of the voice.

<table>
<thead>
<tr>
<th>Describe the Voice Perceptually. Address the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Voice Quality</td>
</tr>
<tr>
<td>How severe is the voice quality deficit?</td>
</tr>
</tbody>
</table>

| 2. Pitch | NORMAL (HIGH WHEN SHE LAUGHS) |

| 3. Loudness | PRETTY NORMAL |

| 4. Sense of effort? | MILD |

| 5. Visible tension? | NORMAL |

| 6. Other unusual or notable features? | Her voice sounds very nasal. Her laugh especially |

Describe the physiology involved in production of the voice sample. (Talk about how the voice is being produced in terms of the glottal wave motion and acoustics.)

The harsh sounding voice could be due to the vocal cords slamming against each other during phonation. When she begins to phonate, sub-glottal air pressure is building up and then when it gets through, the air races through causing the vocal folds to burst open and then slam back together. This causes a glottal attack like sound. The wave motion is synchronized between the two folds, but they are coming together at greater force.

Does this person have a voice problem? Explain yourself.

No, I don’t think so because her voice is tolerated by everyone, even though many may find it annoying. Her voice is what she is known for and she does not want to change it. It does not bother her or affect her every day life.

If you said they do not have a voice problem, do you think they are at risk? Explain your answer.

Yes I do believe that she could be at some risk in the future. If the strain in her voice and the harshness continues, her vocal cords are probably slamming against each other and could eventually develop vocal fold nodules.

If the sample is from singing or acting, does there usual speaking voice differ from what’s on the sample? If so, how do they differ and what inferences might you make about whether they have a voice disorder?

Her voice is the same when she acts and when she is talking regularly, but it is played up a little on screen.
THE CHILDREN'S PLACE
Child Advocacy Services Center, Inc.
2 East 59th Street
Kansas City, Missouri 64113-2116
816-363-1898

SPEECH/LANGUAGE EVALUATION

Name: XXX
Date of Birth: XXX

Date: 11/5/07
Age: 4,3

REASON FOR EVALUATION: XXX is receiving a complete Speech/Language evaluation due to concerns noted on her initial placement screening.

HISTORY AND OBSERVATION: XXX started at The Children’s Place on .
She is currently placed at the Children’s Shelter due to neglect and abuse. She scored in the 18% on the developmental testing.
XXX came to the examination room willingly. She is observed using four to five word utterances. During the current assessment, she attempted all of the test items that were presented, however her attention to the task decreased as testing went on. This evaluation consisted of observation as well as the administration of standardized tests. The results of this assessment should be taken with caution due to XXX’s attention and fatigue/restlessness.

TESTS ADMINISTERED:
Clinical Evaluation of Language Fundamentals Preschool-2nd edition (CELF-P;2)

<table>
<thead>
<tr>
<th>SUBTESTS</th>
<th>Scaled Score *</th>
<th>Composites</th>
<th>Standard Score**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence Structure</td>
<td>9</td>
<td>Core Language</td>
<td>90</td>
</tr>
<tr>
<td>Word Structure</td>
<td>9</td>
<td>Receptive Lang Index</td>
<td>83</td>
</tr>
<tr>
<td>Expressive Vocabulary</td>
<td>7</td>
<td>Expressive Lang. Index</td>
<td>89</td>
</tr>
<tr>
<td>Concepts and Following Directions</td>
<td>9</td>
<td>Language Content</td>
<td>79</td>
</tr>
<tr>
<td>Recalling Sentences</td>
<td>8</td>
<td>Language Structure</td>
<td>92</td>
</tr>
<tr>
<td>Basic Concepts</td>
<td>3</td>
<td></td>
<td>**(Average Range = 85-115)</td>
</tr>
</tbody>
</table>

*(Average Range = 7-13)

Hearing Screening: A pure-tone audiometry hearing screening was administered at 1000 Hz, 2000 Hz, and 4000 Hz. She passed the screen at 20 dBHL. Middle ear function was assessed by bilateral tympanometry. XXX’s screening results for this were within normal limits in her right ear and questionable in her left ear. This does not warrant further evaluation. Otoscopic investigation of both ears was unremarkable.

Oral Mechanism: A brief oral examination revealed structures to be present and functioning for acquisition of age appropriate speech sounds.

INTERPRETATION:
According to the CELF-P2, XXX’s receptive language skills are slightly below average range for her chronological age. Her receptive language skills include the ability to point to pictures that describe certain grammatical structures. She can accurately point to pictures that describe a
variety of structures (E.g. Point to I can eat this- she pointed to apple, Point to the girl is running, and Point to she is climbing and he is swinging). XXX is able to follow one step commands without the use of cues, and some simple two step commands (E.g. Point to the one that is tall, Point to both elephants, Point to the giraffe and then to the monkey, and Point to the dog and then to the cat). During observation, XXX is able to follow directions involving verbs and pronouns (E.g. hold my hand and walk down the hall please). XXX appears to understand few basic concepts for her age (E.g. inside, up, empty, first and cold). She is not able to demonstrate an understanding of the following basic concepts, (many, full, slow, tall, and long).

Expressively, XXX’s skills are within normal limits according to the CELF-P2. She is able to communicate using four to five word utterances. XXX appears to understand and use a variety of age appropriate grammatical structures (E.g. Prepositions- inside the box, on the chair, regular plural- here are two horses, progressive—ing- sleeping, walking, future tense- will slide, regular past tense—climbed, auxiliary—she is, and objective and possessive pronouns—her, him, hers). She is not using irregular past tense (E.g. these are the bubbles she “blew” – XXX said, was bubbling, and these are the leaves that “fell” – XXX said falling). XXX uses a variety of vocabulary when communicating (E.g. riding a bike, carrot, flag, fireman, pouring out some milk, covering the present). She had some difficulty being able to imitate long grammatical structures; she had more difficulty as the utterance became longer.

RECOMMENDATIONS: At this time XXX does not qualify for Speech/Language services; however she will be monitored and re-evaluated in 6 months.

Kathy Johnston, M.S., L/CCC-SLP
Speech-Language Pathologist
Clinical Instructor
University of Kansas Medical Center

 Graduate Student Clinician
University of Kansas Medical Center