

ITHACA
Sir Alexander Ewing-Ithaca College Speech and Hearing Clinic
Ithaca College, Ithaca, New York 14850

Evaluation Report

Name: _____ Date of Evaluation: _____
Address: _____ Diagnosis: _____
Phone: (work) _____ Clinician: _____
(home) _____ Supervisor: _____
Parents: _____
Age: _____
Date of Birth: _____

Instructions: The evaluation report is written in professional prose style. Only the headings and subheadings in **BOLD** should be typed directly onto the report. Numbered items refer to information typically included in each area and should be written in paragraph form.

REFERRAL AND COMPLAINT

1. Identify client by name, gender, age, and present vocational status.
2. Identify referral source (including professional title and affiliation) and complaint.
3. Identify who accompanied client to evaluation and who provided background information.
4. Refer reader to any other pertinent documents in client file if appropriate. Include names and dates of reports.

BACKGROUND

Family Structure

1. State client's central family structure and present living arrangements.
2. Provide history and description of any speech, language, hearing, cognitive, or other relevant communication problems in the family.

Medical and Developmental History

1. State whether pregnancy and birth were normal, providing relevant details if there were problems.
2. Describe relevant medical history in sequence of occurrence and treatment. Include medications and side-effects. Present developmental health history including gross and fine motor skills and approximate age of significant milestones (e.g. roll over, crawl, walk, hold and manipulate objects).
4. Present development of speech and language with approximate age of significant milestones (e.g. first words, first connected utterances, and full sentences).

Client/Parent Description of Communication Problem: If the parent(s) provides background information include subheadings for both parent and child information.

1. Present the client's description of onset and development of the problem.
 - a) Age of onset of the problem or symptoms of the problem.
 - b) Who first identified the problem and what behaviors led them to this conclusion?
 - c) Who considers the issue to be a problem at present?
 - d) Sequential history of the developmental characteristics of the problem
 - e) When was client aware of speaking difficulty?

- f) How did client first become aware of a problem?
 - g) Developmental characteristics of the problem as the client grew up (in sequence).
 - h) What were the reactions of others to the problem?
 - i) What were the reactions of the client to the problem?
2. Present the client's description of problem at the present time.
 - a) What does the client do when s/he stutters
 - b) Does the problem vary in any way (frequency of occurrence, type, severity, etc.)?
 - c) Do any factors influence increase and decrease in the frequency of occurrence or severity?
 3. Can the client predict when stuttering will occur. Explain.
 4. Does the client use any specific strategies ("coping strategies) to prevent, avoid, hide, escape, or recover from stuttering? Identify relative to:
 - a) Speech behaviors
 - b) Non-speech behaviors
 - c) Avoidance or Postponement Behaviors

ASSESSMENT INFORMATION

Oral-Peripheral Examination: Summarize results of the oral-peripheral examination. Include details for only noteworthy observations.

Articulation: Summarize observation/testing of phonological and articulatory development and general articulatory patterns. Provide detailed descriptions only for atypical observations.

Voice: Summarize observations/testing of pitch, loudness, resonance, voice quality, and intonation. Include detailed information only for atypical observations.

Language: Summarize observations on receptive and expressive language development and performance. Include detailed information for atypical observations only.

Hearing Screening: Summarize results of bilateral pure tone hearing screening (at 25 dB) and immittance testing. Include detailed information only for atypical observations.

Intelligibility: This determines how well the client can be understood by the listener. If there is a question of intelligibility a quantified "intelligibility quotient" can be obtained for specific speech samples by. This quotient is a percent calculated by dividing the total number of words understood by the designated listener by the total number of words attempted.

Attitudes and Perceptions: Identify the client's attitudes and perceptions about talking, their communication problem, and themselves as it relates to their communication problem. Identify if and how the client perceives their problem influences their social, educational, professional, or economic status.

Present results from any measurement tool used to assess attitudes and/perceptions (e.g. *The Modified Erickson S-Scale* (adolescents and adults) and *The A-19 Scale for Children Who Stutter* (children)).

SPEECH SAMPLE ANALYSES

Segmental Description of Speech and Disfluency

Summarize the segmental analysis for each speech task. Refer to *Procedures for Analysis and Reporting Segmental Features of Fluency and Speaking Rate* (Cross, rev 2005) for specific instructions. Use *Segmental Analysis-Form (03)* for this purpose. Attach these forms to your report.

Movement Description of Fluent and Stuttered Speech Behavior

Summarize your analysis of speech movement patterns describing the most frequent form of speech behavior across all speech samples. Include description of each of the four primary parameters listed below. You can write this as a paragraph, integrating the five areas or write a separate description for each area, including the headings. Attach the completed forms *Analysis of Speech Movements-Sequence* and *Analysis of Communication Pace-Parameter (03)* to your report

1. Overall communication pace
2. Onset/offset transitions and continuity
3. Pause location and durations
4. Adjustments of stuttering

CLINICAL IMPRESSIONS

Summarize the results of the evaluation and assessment. Make a clinical diagnostic statement if appropriate. Include a summary of pertinent information. This section of the report should be able to stand alone as a summary of the client's communication problem and present status. Include the following information in this section.

1. State whether the client's communication pattern indicate a problem with fluency and the primary characteristics that lead to this conclusion including speech behaviors, anticipation, avoidance, and coping strategies. Describe client attitudes and perceptions that are pertinent to the case. Are the patterns consistent with a stuttering problem?
2. Summarize any concomitant communication problems exhibited by the client including, but not limited to articulation, phonology, language, voice, and learning disabilities.
3. Summarize pertinent predisposing, precipitating, or perpetuating factors.
4. Summarize apparent effects of problem on social/personal relationships, educational development, and/or employment.

RECOMMENDATIONS

- 1.
- 2.
- 3.

Clinician Name, Degree
Graduate Student Clinician

Douglas E. Cross, Ph.D., CCC/SP
Faculty Supervisor