

# Assessment Checklist

## ~ Speech Sound Disorders ~

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case History obtained

Hearing screening date: \_\_\_\_\_  Passed  Failed

Intelligibility in Context Scale (ICS) completed

Articulation assessment

Single-word test used: \_\_\_\_\_

Connected speech subtest (if applicable): \_\_\_\_\_

Polysyllabic words assessed

Stimulability probe

Phonological analysis

Speech perception/phonological awareness assessed (if applicable)

Test(s) or subtest(s) used:

\_\_\_\_\_

Connected speech sample obtained

Concerns for deficits in language/fluency/voice/pragmatics:

No

Yes, explain: \_\_\_\_\_

Additional assessments administered or recommended:

\_\_\_\_\_

\_\_\_\_\_

Oral-facial exam administered

Myofunctional/tongue thrust assessment (if suspected)

Dynamic motor speech assessment administered (if CAS is suspected)

Severity Assessment

% consonants correct (PCC): \_\_\_\_\_ or  Qualitative judgement

WNL  Mild  Moderate  Severe  Profound

Results/Impressions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_