

Speech-Language Pathology Diagnostic & Disorder Primer



Speech-Language & Swallowing Evaluation

- Indicated by screening, physician or parent/caregiver referral
- Indicated when evidence suggests impairments affecting structure/function and/or activities/participation
- Comprehensive assessment of the major areas of communication, swallowing and AAC

Validated Speech

Articulation & Phonology

Diagnostic Tools

- · Apraxia Profile
- Khan Lewis Phonological Analysis 2
- Arizona Artic Prof Scale 3
- Photo Articulation Test 3 (PAT3)
- CAAP Clinical Assessment of Artic & Phonology
- Test of Phonological Awareness Skills
- Linguisystems Articulation Test (LAT)
- Goldman Fristoe Test of Articulation (GFTA2)

Validated Language

Receptive, Expressive & Pragmatic

Diagnostic Tools

For ages 2-18

- Clinical Evaluation of Language Fundamentals 4 (CELF4)
- Expressive One Word Picture Vocab Test 4 (EOWPVT4)
- Non-speech Test for Receptive/Expressive Language
- Oral and Written Language Scales 2 (OWLS2)
- Preschool Language Scale 4 or 5 (PLS 4 and PLS 5)
- Receptive Expressive Emergent Language 3 (REEL3)
- Receptive One Word Picture Vocab Test 4 (ROWPVT4)
- Test of Language Development P4 (ages 4-8)
- Test of Language Development I4 (ages 8-17)
- TOPL2 Test of Pragmatic Language 2

Other Diagnostic Measures

- Language Sample to identify deviations in speech and language from developmental norms.
- Parent/Caregiver report of strengths/weaknesses in ADLs.
- Phonetic & Phonemic Inventory to identify patient's speech sounds.
- Observation in natural environment for communication strengths and weaknesses.
- Oral Motor Exam to determine adequate oral structures and function.

SLP Disorder Basics

Commonly Diagnosed Disorders	PATIENT'S INABILITY TO
Articulation Disorder	Produce age appropriate speech sounds (consonants and vowels)
Phonological Disorder	Use developmentally expected speech sounds for age and dialect
Receptive Language Disorder	Understand spoken, written or gestural communication
Expressive Language Disorder	Use spoken, written or gestural language to express wants, needs, thoughts and ideas
Pragmatic Language Disorder	Use language appropriately in social situations such as greetings, turn-taking, inferred communication, personal space and other commonly expected social behaviors.
Fluency Disorder	Produce speech sounds without frequent disruptions, easily initiate spoken communication or complete spoken communication without interruption. Frequently referred to as stuttering.
Voice Disorder	Produce a vocal quality that is age and gender appropriate.
Swallowing Disorder	Functionally swallow liquids and/or solids to maintain adequate hydration and nutrition.

Disorder Severity

MILD – Standard scores 1 to 1.5 standard deviations below the mean. Standard Score 78-85

• Articulation/Phonology – intelligibility not greatly affected but errors are noticeable.

MODERATE – Standard scores 1.5 to 2 standard deviations below the mean. Standard Score 70-77

• Articulation/Phonology – Error patterns may be atypical. Intelligibility is affected and conversational speech is occasionally unintelligible.

SEVERE – Standard scores > 2 standard deviations below the mean. Standard Score 69 and below

• Articulation/Phonology – Inconsistent errors and lack of stimulability is evident. Conversational speech is generally unintelligible.