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

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

### 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.