

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: _____

