

## PRETREATMENT ASSESSMENT REPORT

### I. IDENTIFYING INFORMATION

Name:	XXX	Dx :	Apraxia (784.69)
Parents:	XXX	Date of Report:	2/10/2014
Address:	XXX	Date of Birth:	XXX
	XXX	Clinician:	Sharonrose Jardim, B.S.
Phone:	XXX	Supervisor:	XXX, M.S. CCC-SLP

### II. PERTINENT INFORMATION/REASON FOR SERVICES

XXX is 5 years old and has been receiving services at XXX Speech, Language, and Hearing Clinic since fall 2013. Since then, XXX has received services for verbal apraxia. In 2012, XXX had tubes placed in his ears, an adenoidectomy, and a tonsillectomy. With tubes in his ears, XXX has normal hearing in both ears. According to the most recent evaluation, XXX was born premature and his lungs were not fully developed. Also reported by the parents in the evaluation, XXX communicates utilizing picture cards, vocalizations, and gestures. Besides services received at this clinic, he currently receives services through XXX Head Start. XXX appears at a typical level for receptive language development at his age but exhibits limited expressive language with one or less intelligible words per sentence.

### III. RESULTS OF PRETREATMENT ASSESSMENT

#### Parent Interview

A parent interview was conducted in order to establish a rapport with XXX, to gain information about the XXX's likes and dislikes, and to identify areas of communication that are important to XXX. According to his mother, XXX has not lost any of his teeth and there have been no significant changes to his oral health since this past fall 2013 semester. XXX was given a copy of the 12 *Moving Across Syllables* single-syllable bilabial-bilabial movement sequences cards from the fall 2013 semester clinician who worked with XXX. XXX reported that the cards are sometimes utilized at home; however, he utilizes different picture communication cards given by the XXX Headstart Program, where XXX currently attends and receives speech therapy services. These cards many times are held together by a binder ring and attached to the loophole on XXX's pants. XXX reported XXX seems to be "talking" more and has noticed some improvement from last semester. She stated that he "says a lot of words, not clear, but still he talks." However, when asked to provide examples of words XXX says, she was unable to do so. XXX believes XXX's main priority is talking in general, more specifically, that he be able to communicate his own needs and to socialize with other children his age. According to XXX, XXX is unable to utilize communication strategies when he has a difficult time being understood, and he can become frustrated if he is not understood. XXX enjoys board games, time playing his Nintendo DS (dual screen), computer games, mystery games, and blocks.

### Oral Mechanism Screening Checklist

An oral mechanism screening checklist was used to gain updated information about the client's oral structure, and note any physical changes. These changes included the following: physical structure of the oral cavity (e.g., dentition), oral motor movement, and respiration. XXX demonstrated typical movements of the face and the structure of his face appears symmetrical. Throughout the oral mechanism screening and the pretreatment assessment, XXX appeared to breathe through his mouth at some moments. His lips are structurally normal in shape, size, and symmetry. All movements of the tongue were strong and range of motion was typical. However, range of motion of his lips when asked to smile was slightly reduced.

### Moving Across Syllables

A *Moving Across Syllables* assessment was utilized to gain an understanding of the client's current ability to effectively move between phonemes in sequencing patterns from initial to final positions. Results from this test identify errors and difficulty in both the level of syllables and the movement sequencing patterns. Phonemes in all positions in one-, two-, and three-syllable CVC (consonant vowel consonant) sequence patterns were probed. XXX was unable to correctly produce any CVC sequence patterns at various syllable levels with maximal clinician cues (i.e., visual and tactile cues). However, he was able to produce many of the CVC patterns with correct phonemes in the initial position given maximal clinician cues (i.e., visual and tactile cues). XXX demonstrated final consonant deletion errors in almost all words attempted. In addition, he demonstrated distortion of vowel sounds. For this assessment, he obtained a raw score of 0, therefore, a percent score of 0. A scaled score or percentile rank was unavailable.

### Skilled Clinical Assessment of Receptive and Expressive Language

A skilled clinical assessment of receptive and expressive language was conducted in order to informally assess the client's skills in both areas, including following directions. During structured play tasks, XXX followed basic directions with minimal clinician cues (i.e., initial verbal redirection to task). Assessment of some pre-literacy skills was completed during a co-reading task. XXX demonstrated minimal difficulty orienting the book in the correct right-side-up, forward-facing position. He pointed to the text on the pages, identifying letters when asked, and turned the page (one page at a time) when asked. XXX demonstrated appropriate age-level knowledge of all letters of the alphabet, basic numbers/counting, and basic colors.

## IV. GENERAL OBSERVATIONS

XXX was attentive throughout the pretreatment assessment, needing redirection at times. His speech was produced with severely unintelligible speech containing glottal stops in place of consonant sounds; he also demonstrated inaccurate vowel sounds. XXX primarily utilized unintelligible speech combined with gestures to communicate; though,

he demonstrates appropriate pragmatic abilities during attempted conversation and through play activities.

## V. CLINICAL IMPRESSIONS

Results of the skilled clinical assessment of receptive and expressive language skills, parent interview, and *Moving Across Syllables* program, indicate that XXX appears typical in terms of receptive language development. However, XXX demonstrates maximal difficulty with speech output consistent with his diagnosis of Childhood Apraxia and well below the level of expected expressive language ability for same age peers. Severely unintelligible speech impacts XXX's expressive language ability. Patterns of intonation in his speech and appropriate pragmatic skills indicate his willingness to engage in communication with adults and peers. Additionally, XXX demonstrated minimal difficulty identifying basic concepts (e.g., colors, letters, numbers, and verbal directions), suggesting his receptive language skills are appropriate for his age. Therapy is warranted to improve expressive motor skills by continuing to utilize the *Moving Across Syllables* program, beginning with bilabial-bilabial single-syllable sequence patterns. XXX will be attending Kindergarten in the coming fall 2014, so intelligibility, phonological awareness skills, and pre-literacy skills are imperative.

## VI. RECOMMENDATIONS

1. It is recommended that XXX continue to receive speech and language services at XXX Speech, Language, and Hearing Clinic, two times a week for 50 minute sessions each.
2. Therapy should focus on motor sequencing of syllable structures to increase overall intelligibility.
3. Therapy should target production of consonants in the initial, medial, and final positions.

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Sharonrose Jardim, B.S.  
Graduate Student Clinician

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Clinical Supervisor