

ID LABEL

Name:

Number:

18 - 24 month Assessment Form

Section A - Assessment Information

A1. a) Date of assessment

D	D	/	M	M	/	Y	Y	Y	Y

b) Date of birth

D	D	/	M	M	/	Y	Y	Y	Y

c) Age

Y	M	M

A2. a) Where was the assessment carried out?

- Regional Cleft Clinic Home
 Local clinic Other (please specify)

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A2. b) How was the assessment carried out?

- Face-to-Face Pre-recorded video sent by family
 Online video platform Other (please specify)
 Telephone

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A3. Who carried out the assessment?

- Cleft Centre SLT Local community SLT
 Local cleft specialist SLT Other (please specify)

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A4. Which of these speech assessments were used?

- GOS.SP.ASS Informal only
 PACS toys Other (please specify)

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A5. Which of these language assessments were used?

- Derbyshire Language Scheme Rapid Screening Test Informal only
 Receptive-Expressive Emergent Language Test (any version) Language not assessed
 Gillhams first words Other (please specify)

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Section B - Oral Structure

B1. Oral structure / function

- a) Fistula post incisive foramen b) Nasal regurgitation
- None Yes
 Suspected No
 Diagnosed
 Unable to see

Comments for SLT notes:

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Section C - Hearing status and history

C1. Hearing History

a) Grommets ever fitted

Yes

No

b) History of diagnosed hearing loss

Yes

No

c) Parental concern re: hearing

Yes

No

d) Hearing aids fitted

Yes

No

e) Hearing aids worn regularly

Yes

No

f) Number of ear infections since birth - parent report

0

1 - 5

> 5

Comments for SLT notes:

Section D - Assessment findings

D1. General developmental level

Age appropriate

Cause for concern

Diagnosed delay

Unable to rate

Comments:

D2. Attention and listening

Age appropriate

Cause for concern

Unable to rate

Comments:

D3. Receptive language

Age appropriate

Delayed

Unable to rate

Comments:



D4. Expressive language

Age appropriate

Delayed

Unable to rate

Comments:

D5. Social communication development

Age appropriate

Cause for concern

Unable to rate

Comments:

D6. Hypernasality

Hypernasality not evident

Evidence of hypernasality

Unable to rate

Comments:

D7. Hyponasality

Hyponasality not evident

Evidence of hyponasality

Unable to rate

Comments:

D8. Nasal emission

Not evident on pressure consonants

Evidence of nasal emission

Unable to rate

Comments:



D9. Nasal turbulence

- Not evident Evidence of nasal turbulence Unable to rate

Comments:

D10. Cleft-speech characteristics (CSCs)

<p>Anterior CSCs</p> <ul style="list-style-type: none"><input type="checkbox"/> Dentalisation<input type="checkbox"/> Lateralisation / lateral articulation<input type="checkbox"/> Palatalisation / palatal<input type="checkbox"/> Double articulation<input type="checkbox"/> No anterior CSC present<input type="checkbox"/> Insufficient speech heard	<p>Non-oral CSCs</p> <ul style="list-style-type: none"><input type="checkbox"/> Pharyngeal articulation<input type="checkbox"/> Glottal articulation<input type="checkbox"/> Active nasal fricatives<input type="checkbox"/> No non-oral CSC present<input type="checkbox"/> Insufficient speech heard
<p>Posterior CSCs</p> <ul style="list-style-type: none"><input type="checkbox"/> Backing to velar<input type="checkbox"/> Backing to uvular<input type="checkbox"/> No posterior CSC present<input type="checkbox"/> Insufficient speech heard	<p>Passive CSCs</p> <ul style="list-style-type: none"><input type="checkbox"/> Weak / nasalised consonants<input type="checkbox"/> Nasal realisations of fricatives<input type="checkbox"/> Nasal realisations of plosives<input type="checkbox"/> Absent pressure consonants<input type="checkbox"/> No passive CSC present<input type="checkbox"/> Insufficient speech heard

E1. General comments:

Please mention anything here which may have affected the child's performance in this assessment. For example, if the child has not yet had his/her palate repaired, or if the child was unable to cooperate with the assessment today, or anything else which you feel is relevant



D11: Consonant Inventory (circle sounds heard)

	Labial		Labio-dental		Dental		Alveolar		lateral		palatal		Post-alveolar		Velar		uvular		pharyngeal		Glottal		
Nasal	m	\tilde{m}		\tilde{m}	\tilde{m}	\tilde{m}	n	\tilde{n}			j				$\tilde{\eta}$	$\tilde{\eta}$	N						
Plosive	p	b				$\underset{h}{t}$	$\underset{h}{d}$	t	d			c	ɟ			k	g	q	G			ʔ	
Fricative	ɸ	β	ɱ	f	v	$\underset{h}{s}$	$\underset{h}{z}$	s	z	ɬ	ɮ	ç	ʝ	ʃ	ʒ	x	ɣ	χ	ʁ	ħ	ç	h	ɦ
Affricate														tʃ	dʒ								
Approximant	w							l				j											

Comments: