The Cleft Collective Speech and Language Study
36 month assessment form Version 4_29.07.2022

Instructions to SLT:
Send this anonymised copy to CC-SL. When completed, photocopy for centre notes and add name and NHS number.

ID LABEL

Name:

Number:

36 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)

A2. b) How was the assessment carried out?

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

A3. Who carried out the assessment?

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

A4. Which of these speech assessments were used?

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

A5. Which of these language assessments were used?

- ☐ Renfrew Action Picture Test
- ☐ Pre-School Language Scale (any version)
- ☐ Derbyshire Language Scheme Rapid Screening Test
- ☐ Receptive-Expressive Emergent Language Test (any version)
- ☐ Gillhams first words
- ☐ Informal only
- ☐ Language not assessed
- ☐ Other (please specify)

Section B - Oral Structure

B1. Oral structure / function

a) Fistula post incisive foramen

- ☐ None
- ☐ Suspected
- ☐ Diagnosed
- ☐ Unable to see

b) Nasal regurgitation

- ☐ Yes
- ☐ No

c) Fistula Repair

- ☐ Yes
- ☐ No

d) If yes, date of repair: D D / M M / Y Y Y Y

Comments for SLT notes:

Section C - Hearing status and history

C1. Parental report of 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. Grimace

☐ Absent ☐ Evidence of grimace ☐ Unable to rate

Comments:

D11. Voice

☐ Normal voice ☐ Cause for concern ☐ Unable to rate

Comments:

D12. Cleft-speech characteristics (CSCs)

Anterior CSCs

- ☐ Dentalisation
- ☐ Lateralisation / lateral articulation
- ☐ Palatalisation / palatal
- ☐ Double articulation
- ☐ No anterior CSC present
- ☐ Insufficient speech heard

Posterior CSCs

- ☐ Backing to velar
- ☐ Backing to uvular
- ☐ No posterior CSC present
- ☐ Insufficient speech heard

Non-oral CSCs

- ☐ Pharyngeal articulation
- ☐ Glottal articulation
- ☐ Active nasal fricatives
- ☐ No non-oral CSC present
- ☐ Insufficient speech heard

Passive CSCs

- ☐ Weak / nasalised consonants
- ☐ Nasal realisations of fricatives
- ☐ Nasal realisations of plosives
- ☐ Absent pressure consonants
- ☐ No passive CSC present
- ☐ Insufficient speech heard

Comments:

D13. Phonological error patterns noted

- ☐ Fronting
- ☐ Stopping
- ☐ Deaffrication
- ☐ Gliding
- ☐ Final consonant deletion
- ☐ Context sensitive voicing
- ☐ Cluster reduction
- ☐ Assimilation / consonant harmony
- ☐ Weak syllable deletion
- ☐ Reduplication
- ☐ Other atypical pattern (please specify)
- ☐ Other atypical pattern (please specify)
- ☐ Other atypical pattern (please specify)
- ☐ Other atypical pattern (please specify)

Comments:

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

D14: Consonant Inventory –
(Mark 0 for correct; IPA symbol if incorrect; leave blank if not sampled)

	Labial					**Alveolar**						**Post-alveolar**			**Velar**			**Glottal**
	m	p	b	f	v	n	l	t	d	s	z	ʃ	ʧ	ʤ	ŋ	k	g	h
SIWI																		
SFWF																		
Comments:																		