

Child's Date of Birth:Month

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Year

- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
-

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Child's Gender:

- Male
- Female
- Unspecified

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Please indicate your role:

- Cleft Specialist SLT
- Community SLT
- Independent SLT

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Has this child also been involved with a community SLT and/or independent SLT?

- No
- Yes, community SLT
- Yes, independent SLT
- Yes, other SLT (please specify)

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Please provide the email address of the community / independent SLT

\_\_\_\_\_

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Would you like to add the contact details of another community SLT?

- Yes
- No

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Please provide the email address of the community SLT

\_\_\_\_\_

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Please specify which other type of SLT the child is involved with:

\_\_\_\_\_

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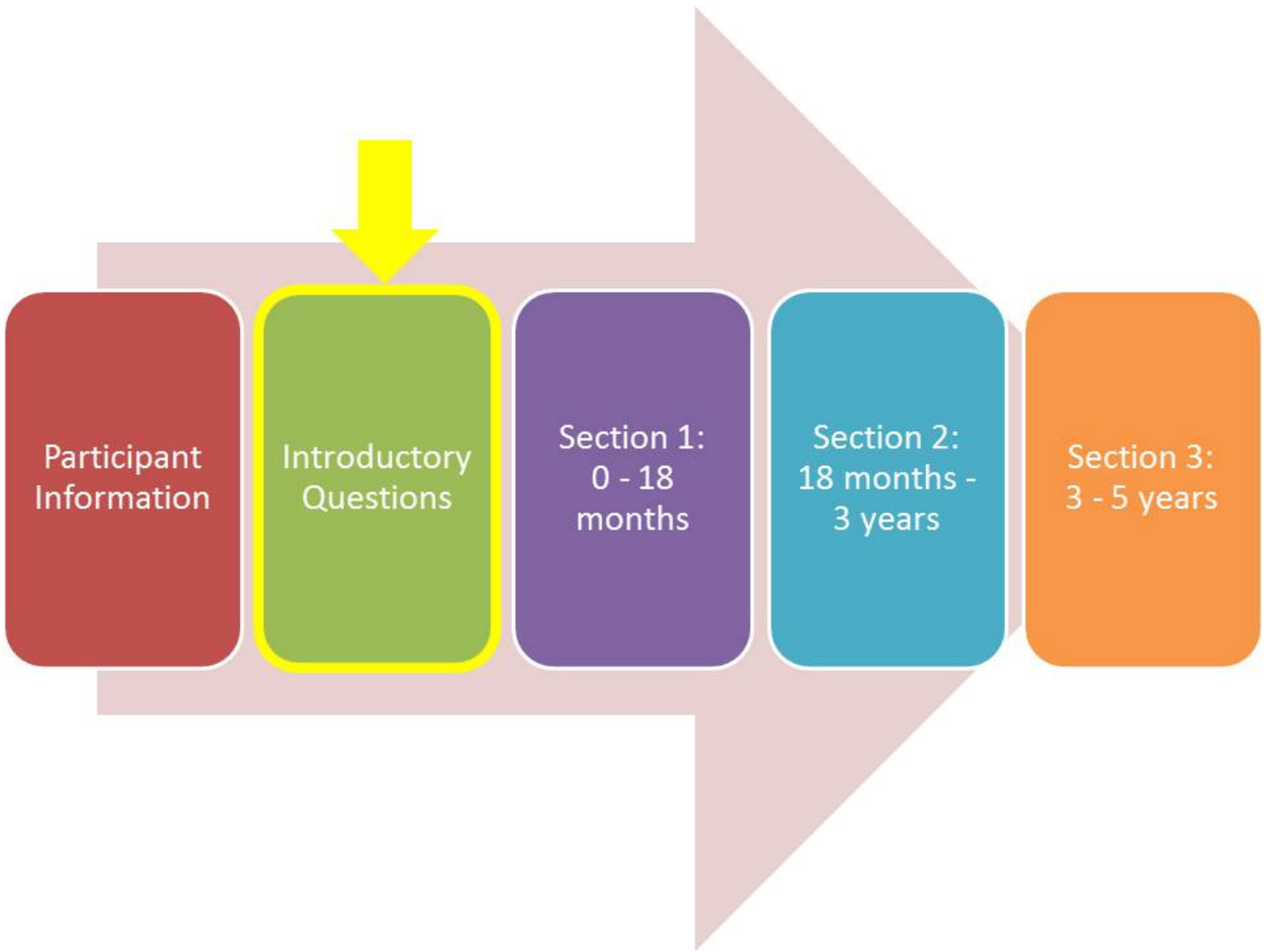
What languages are spoken in the child's household?

- Monolingual English
- Monolingual other
- Bilingual/Multilingual including English
- Bilingual/Multilingual excluding English
- Unknown
- Other

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Other:

\_\_\_\_\_



Describe the child's speech, language and communication needs.

This should reflect any presenting needs from birth to five years, including those which have resolved. Choose all that apply.

Cleft Collective assessment forms will capture more detailed resonance, airflow and cleft speech characteristics information.

- Articulation Impairment
- Bilingualism
- Cleft Speech Characteristics
- Delayed Attention and Listening Skills
- Developmental Language Disorder
- Developmental Language Disorder + Associated Biomedical Condition
- Dysfluency
- Developmental Verbal Dyspraxia/Childhood Apraxia of Speech
- Language Delay
- Language Disorder
- Motor Speech Impairment
- Nasal Resonance and Airflow Abnormalities
- Phonological Delay
- Phonological Disorder (Consistent)
- Phonological Disorder (Inconsistent)
- Pragmatic Language Impairment
- Selective Mutism
- Social Communication Difficulties
- Voice Disorder
- Other
- None of the above

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Other:

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Cleft Speech Characteristics (CSCs):

- Anterior Oral CSCs (e.g. dental/lateral/palatal)
- Posterior Oral CSCs (e.g. backing to velar)
- Non Oral CSCs (e.g. pharyngeal/glottal/use of an active nasal fricative)
- Passive CSCs (weak/nasalised consonants)

Has the child received a diagnosis related to their learning, a medical condition or a syndrome?

Choose all that apply.

- 22q11 Deletion Syndrome
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorders (ASD)
- CHARGE Syndrome
- Dysphagia
- Feeding Difficulties
- Global Developmental Delay
- Hearing Impairment (Conductive loss)
- Hearing Impairment (Sensory-Neural loss)
- Learning Difficulty
- Learning Disability
- Pierre Robin Sequence
- Stickler Syndrome
- Van de Woude Syndrome
- Visual Impairment
- Other
- None of the above

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Other:

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Has the child undergone secondary speech surgery since their primary palate repair?

Secondary speech surgery - an operation to improve the child's velopharyngeal function

- Yes
- Unknown
- No

What was the surgical operation?

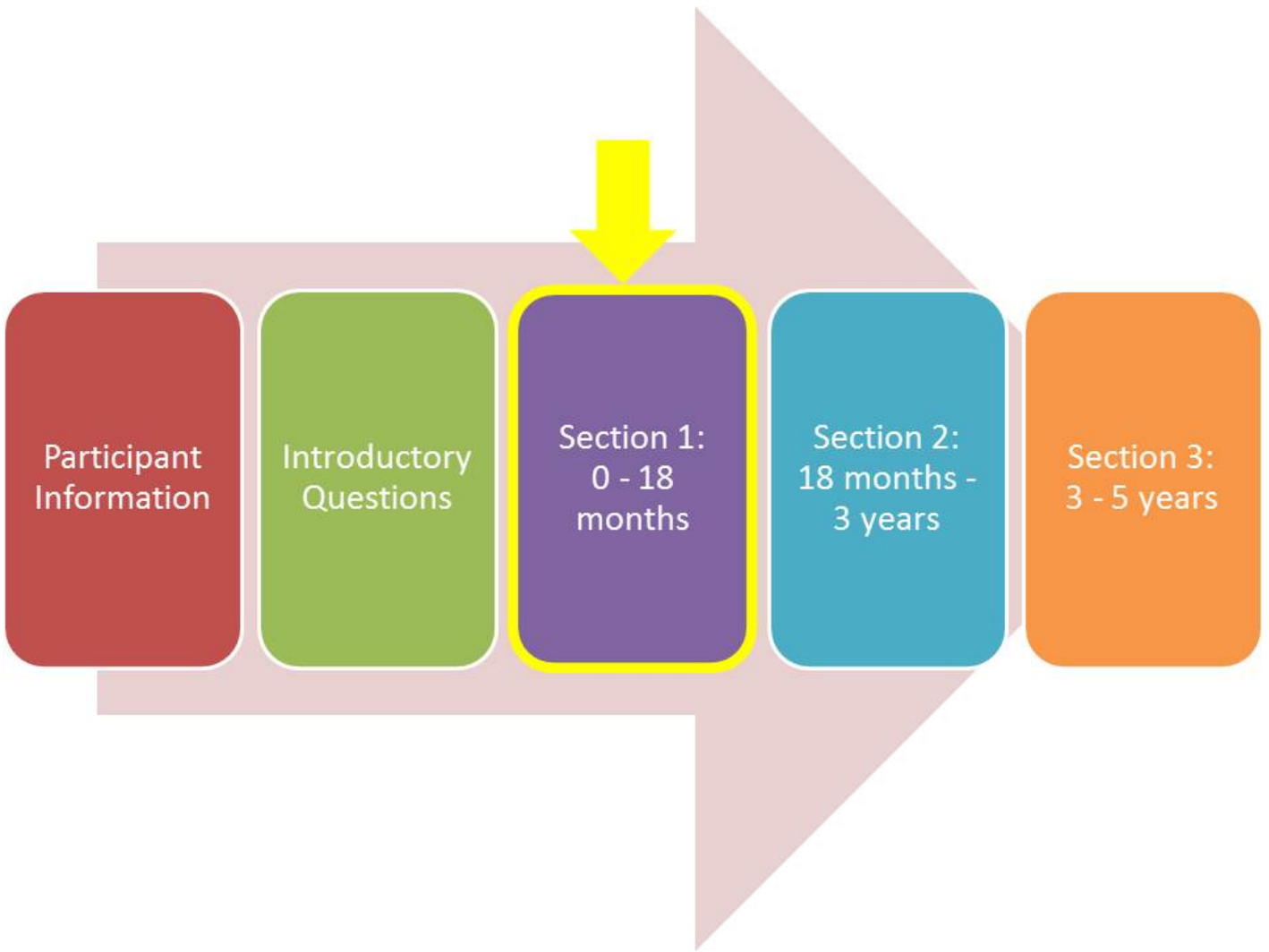
Choose all that apply.

- Intravelar Veloplasty
- Hynes Pharyngoplasty
- Buccinator Flap
- Z Plasty
- Orticochea
- Pharyngeal Flap
- Palate re-repair
- Closure of fistula
- Unknown
- Other

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Other:

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Total hours of intervention that the child attended from your SLT service between 0-18 months:

- 0
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- More than 5 hours

Please round up to the nearest whole number.

Do not include time that intervention input has been delivered routinely as part of an assessment or review appointment.

Please state number of hours:

\_\_\_\_\_  
(To the nearest whole number)

Was intervention recommended by your SLT service but not delivered?

- Yes
- No

What was the reason for this?

Choose all that apply.

- Child was not brought
- Intervention not available in child's home location
- Intervention refused by parent/carer
- SLT service unable to provide intervention due to lack of resources
- Other

**In the next part of this section your primary aims of intervention during the 0-18 month period will be explored. For each primary aim you will be asked to describe the episode or multiple episodes of care provided in order to meet this aim. An episode of care is a period of time when intervention was provided, with a beginning and end point e.g. a 6 week block or singles sessions over a 3 month period.**

What was the primary aim of intervention?

If there were various aims targeted between 0-18 months, please write the first aim that was targeted here.

\_\_\_\_\_

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening Activities
- Auditory Bombardment/Focused Stimulation
- Babble Workshop
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Hanen Language Program
- Language Work (Receptive or Expressive)
- Makaton
- Multi Sensory Input Modelling
- Oro Motor Exercises/Work
- Parent Child Interaction/Adult Child Interaction
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

[Attachment: "Intervention Approaches Glossary.pdf"]

Other:

\_\_\_\_\_

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babble Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oro Motor Exercises/Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslslt_is_183_appr_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Babble Bag
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

\_\_\_\_\_

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening
- Babble
- Demonstration of Therapy Activities
- Dysphagia/Feeding
- Early Communication, Language and Play
- Hanen Language Program Training
- Hearing
- Parent/Adult Child Interaction Training
- Phonecalls to advise about intervention
- Voice and Vocal Hygiene
- None of the above
- Other

Other:

\_\_\_\_\_

How many sessions were offered during the episode/s of care?

- 1    2    3    4
- 5    6    7    8
- 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3
- 4    5    6    7
- 8    9    10    >10
- Unknown

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

To the nearest whole number

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc
- Weekly
- Fortnightly
- Monthly
- Once every 2 months
- Other

Other:

\_\_\_\_\_ (Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30
- 45    60    90    Other

Other:

\_\_\_\_\_ (To the nearest whole number)

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Where did the intervention sessions take place?

Choose all that apply

- Children's Centre
- Cleft Team Clinic
- Community Clinic
- Home
- Hospital Outpatients
- Nursery
- Office
- Sure Start Centre
- Ward
- Other

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Other:

\_\_\_\_\_

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How were the sessions delivered?

Choose all that apply

- Individual    Group
- Pair    Telemedicine
- Other

---

Other:

\_\_\_\_\_

---

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist
  - SLT - Cleft Link
  - SLT - Community (generalist)
  - SLT - Community with a non cleft specialism
  - SLT - Independent
  - SLT - Speech Sound Disorder Specialist
  - SLT - Flying Start or Sure Start
  - SLT Student
  - Other
- (Choose one option)

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Other:

\_\_\_\_\_

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Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes
- No

---

What were the roles of the other SLT professionals who were involved? Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

---

Other:

\_\_\_\_\_

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What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

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Other:

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Who supported the delivery of intervention?

Choose all that apply

- Family Member (parent, grandparent, carer/guardian, sibling)
  - Key Worker
  - Health Visitor
  - Childminder
  - Teacher of the Deaf
  - Portage Worker
  - Social Worker
  - SLTA (Community Team)
  - SLTA (Cleft Team)
  - Members of the Cleft MDT - nurses
  - Members of the Cleft MDT - dentists
  - Members of the Cleft MDT - psychologists
  - Members of the Cleft MDT - audiologists
  - Other
  - None of the Above
- 

Other:

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Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
  - Cancellation of Sessions
  - Child's Readiness for Intervention
  - Child Was Not Brought
  - Complex Medical Needs
  - Concerns regarding Palatal Function
  - Illness
  - Parental/Carer Disengagement
  - Safeguarding Concerns
  - Service Level Constraints e.g. resources/staffing
  - Timing of Surgery
  - Other
  - None of the above
- 

Other:

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Add another aim of primary aim of intervention?

Yes  No

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What was the primary aim of intervention?

If there were various aims targeted between 0-18 months, please write the first aim that was targeted here.

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Previous aim: [ccslst\_is\_018\_aim]

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What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening Activities
- Auditory Bombardment/Focused Stimulation
- Babble Workshop
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Hanen Language Program
- Language Work (Receptive or Expressive)
- Makaton
- Multi Sensory Input Modelling
- Oro Motor Exercises/Work
- Parent Child Interaction/Adult Child Interaction
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

---

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

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**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babble Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oro Motor Exercises/Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslslt_is_183_appr_oth_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Babble Bag
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening  
 Babble  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding  
 Early Communication, Language and Play  
 Hanen Language Program Training  
 Hearing  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Voice and Vocal Hygiene  
 None of the above  
 Other

Other:

\_\_\_\_\_

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

To the nearest whole number

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 Other

Other:

\_\_\_\_\_ (Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_ (To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre
- Cleft Team Clinic
- Community Clinic
- Home
- Hospital Outpatients
- Nursery
- Office
- Sure Start Centre
- Ward
- Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual  Group
- Pair  Telemedicine
- Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist
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- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT - Flying Start or Sure Start
- SLT Student
- Other  
(Choose one option)

Other:

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes
- No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
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- SLTA - Community
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Other:

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

---

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Family Member (parent, grandparent, carer/guardian, sibling)
  - Key Worker
  - Health Visitor
  - Childminder
  - Teacher of the Deaf
  - Portage Worker
  - Social Worker
  - SLTA (Community Team)
  - SLTA (Cleft Team)
  - Members of the Cleft MDT - nurses
  - Members of the Cleft MDT - dentists
  - Members of the Cleft MDT - psychologists
  - Members of the Cleft MDT - audiologists
  - Other
  - None of the Above
- 

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
  - Cancellation of Sessions
  - Child's Readiness for Intervention
  - Child Was Not Brought
  - Complex Medical Needs
  - Concerns regarding Palatal Function
  - Illness
  - Parental/Carer Disengagement
  - Safeguarding Concerns
  - Service Level Constraints e.g. resources/staffing
  - Timing of Surgery
  - Other
  - None of the above
- 

Other:

---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 0-18 months, please write the first aim that was targeted here.

---

Previous aims: [ccslst\_is\_018\_aim] ,  
[ccslst\_is\_018\_aim\_2]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening Activities
- Auditory Bombardment/Focused Stimulation
- Babble Workshop
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Hanen Language Program
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- Parent Child Interaction/Adult Child Interaction
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

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[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

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**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babble Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Oro Motor Exercises/Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslslt_is_183_appr_oth_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Babble Bag
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

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 Early Communication, Language and Play  
 Hanen Language Program Training  
 Hearing  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Voice and Vocal Hygiene  
 None of the above  
 Other

Other:

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
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 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

To the nearest whole number

How many sessions were attended during the episode/s of care?

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If more than 10 sessions were attended, please state how many.

Choose all that apply

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
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 Monthly  
 Once every 2 months  
 Other

Other:

(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre
- Cleft Team Clinic
- Community Clinic
- Home
- Hospital Outpatients
- Nursery
- Office
- Sure Start Centre
- Ward
- Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual  Group
- Pair  Telemedicine
- Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist
  - SLT - Cleft Link
  - SLT - Community (generalist)
  - SLT - Community with a non cleft specialism
  - SLT - Independent
  - SLT - Speech Sound Disorder Specialist
  - SLT - Flying Start or Sure Start
  - SLT Student
  - Other
- (Choose one option)

Other:

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes
- No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

---

Other:

---



---

Who supported the delivery of intervention?

Choose all that apply

- Family Member (parent, grandparent, carer/guardian, sibling)
  - Key Worker
  - Health Visitor
  - Childminder
  - Teacher of the Deaf
  - Portage Worker
  - Social Worker
  - SLTA (Community Team)
  - SLTA (Cleft Team)
  - Members of the Cleft MDT - nurses
  - Members of the Cleft MDT - dentists
  - Members of the Cleft MDT - psychologists
  - Members of the Cleft MDT - audiologists
  - Other
  - None of the Above
- 

Other:

---



---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
  - Cancellation of Sessions
  - Child's Readiness for Intervention
  - Child Was Not Brought
  - Complex Medical Needs
  - Concerns regarding Palatal Function
  - Illness
  - Parental/Carer Disengagement
  - Safeguarding Concerns
  - Service Level Constraints e.g. resources/staffing
  - Timing of Surgery
  - Other
  - None of the above
- 

Other:

---



---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 0-18 months, please write the first aim that was targeted here.

---

Previous aims: [ccslst\_is\_018\_aim] ,  
[ccslst\_is\_018\_aim\_2], [ccslst\_is\_018\_aim\_3]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening Activities
- Auditory Bombardment/Focused Stimulation
- Babble Workshop
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Hanen Language Program
- Language Work (Receptive or Expressive)
- Makaton
- Multi Sensory Input Modelling
- Oro Motor Exercises/Work
- Parent Child Interaction/Adult Child Interaction
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

---

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babble Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oro Motor Exercises/Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslslt_is_183_appr_oth_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Babble Bag
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening  
 Babble  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding  
 Early Communication, Language and Play  
 Hanen Language Program Training  
 Hearing  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Voice and Vocal Hygiene  
 None of the above  
 Other

Other:

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

Choose all that apply

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 Other

Other:

(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre
- Cleft Team Clinic
- Community Clinic
- Home
- Hospital Outpatients
- Nursery
- Office
- Sure Start Centre
- Ward
- Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group
- Pair    Telemedicine
- Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist
- SLT - Cleft Link
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT - Flying Start or Sure Start
- SLT Student
- Other  
(Choose one option)

Other:

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes
- No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

---

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Family Member (parent, grandparent, carer/guardian, sibling)
  - Key Worker
  - Health Visitor
  - Childminder
  - Teacher of the Deaf
  - Portage Worker
  - Social Worker
  - SLTA (Community Team)
  - SLTA (Cleft Team)
  - Members of the Cleft MDT - nurses
  - Members of the Cleft MDT - dentists
  - Members of the Cleft MDT - psychologists
  - Members of the Cleft MDT - audiologists
  - Other
  - None of the Above
- 

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
  - Cancellation of Sessions
  - Child's Readiness for Intervention
  - Child Was Not Brought
  - Complex Medical Needs
  - Concerns regarding Palatal Function
  - Illness
  - Parental/Carer Disengagement
  - Safeguarding Concerns
  - Service Level Constraints e.g. resources/staffing
  - Timing of Surgery
  - Other
  - None of the above
- 

Other:

---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 0-18 months, please write the first aim that was targeted here.

---

Previous aims: [ccslst\_is\_018\_aim],  
[ccslst\_is\_018\_aim\_2], [ccslst\_is\_018\_aim\_3],  
[ccslst\_is\_018\_aim\_4]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
  - Articulation Therapy
  - Attention and Listening Activities
  - Auditory Bombardment/Focused Stimulation
  - Babble Workshop
  - Cued Articulation
  - Diagnostic Therapy
  - Functional Communication
  - Hanen Language Program
  - Language Work (Receptive or Expressive)
  - Makaton
  - Multi Sensory Input Modelling
  - Oro Motor Exercises/Work
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Sound and Babble Play
  - Stimulability
  - Video Therapy
  - Other
- 

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Babble Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oro Motor Exercises/Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslslt_is_183_appr_oth_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Babble Bag
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening  
 Babble  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding  
 Early Communication, Language and Play  
 Hanen Language Program Training  
 Hearing  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Voice and Vocal Hygiene  
 None of the above  
 Other

Other:

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

Choose all that apply

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 Other

Other:

(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre
- Cleft Team Clinic
- Community Clinic
- Home
- Hospital Outpatients
- Nursery
- Office
- Sure Start Centre
- Ward
- Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual  Group
- Pair  Telemedicine
- Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist
  - SLT - Cleft Link
  - SLT - Community (generalist)
  - SLT - Community with a non cleft specialism
  - SLT - Independent
  - SLT - Speech Sound Disorder Specialist
  - SLT - Flying Start or Sure Start
  - SLT Student
  - Other
- (Choose one option)

Other:

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes
- No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

---

Other:

---

---

Who supported the delivery of intervention?

Choose all that apply

- Family Member (parent, grandparent, carer/guardian, sibling)
  - Key Worker
  - Health Visitor
  - Childminder
  - Teacher of the Deaf
  - Portage Worker
  - Social Worker
  - SLTA (Community Team)
  - SLTA (Cleft Team)
  - Members of the Cleft MDT - nurses
  - Members of the Cleft MDT - dentists
  - Members of the Cleft MDT - psychologists
  - Members of the Cleft MDT - audiologists
  - Other
  - None of the Above
- 

Other:

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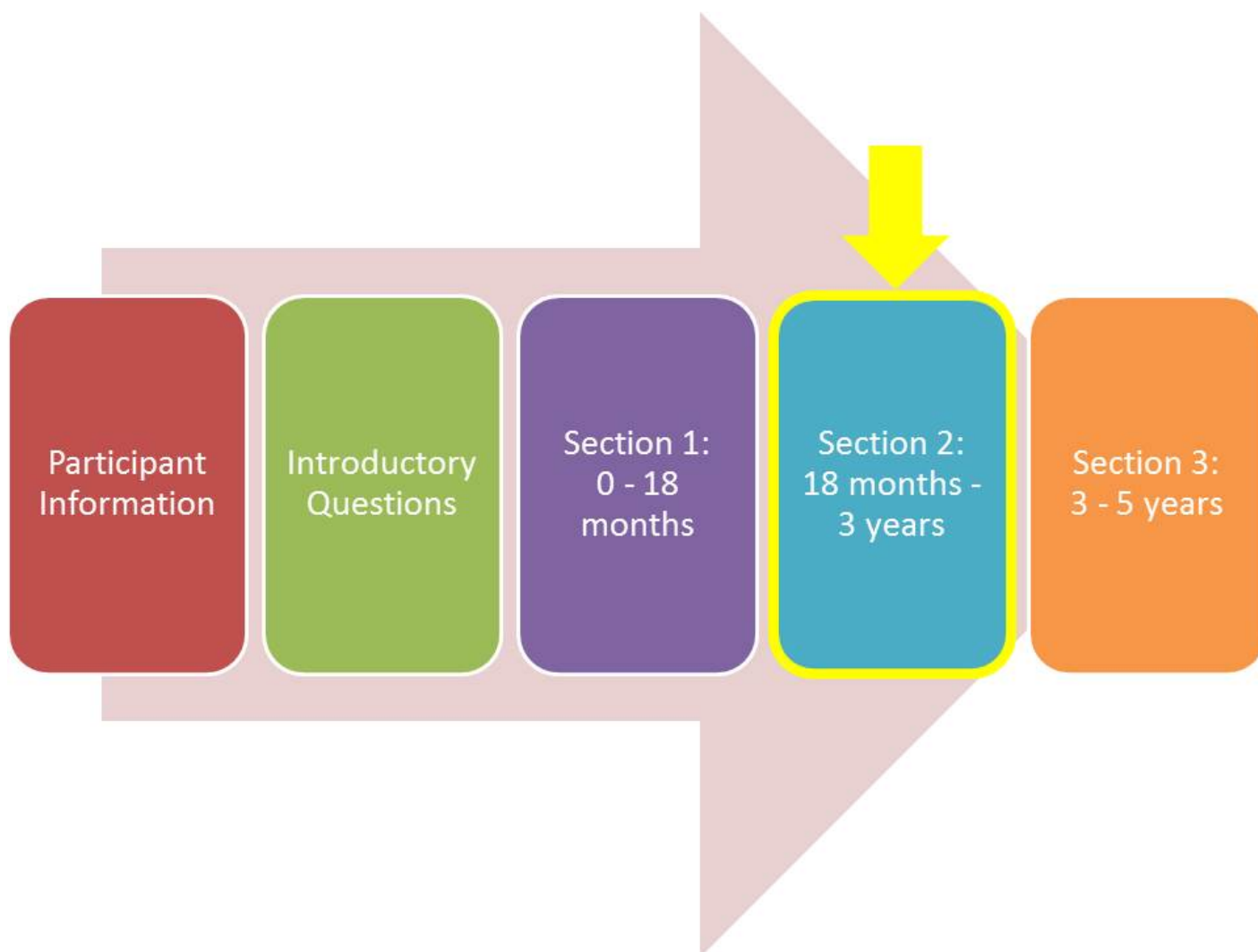
Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
  - Cancellation of Sessions
  - Child's Readiness for Intervention
  - Child Was Not Brought
  - Complex Medical Needs
  - Concerns regarding Palatal Function
  - Illness
  - Parental/Carer Disengagement
  - Safeguarding Concerns
  - Service Level Constraints e.g. resources/staffing
  - Timing of Surgery
  - Other
  - None of the above
- 

Other:

---



Total hours of intervention that the child attended from your SLT service between 18 months - 3 years:

- 0     1 hour     2 hours  
 3 hours     4 hours  
 5 hours     More than 5 hours

Please round up to the nearest whole number. Do not include time that intervention input has been delivered routinely as part of an assessment or review appointment.

Please state number of hours:

\_\_\_\_\_  
(To the nearest whole number)

Was intervention recommended by your SLT service but not delivered?

- Yes  
 No

What was the reason for this?

Choose all that apply.

- Child was not brought  
 Intervention not available in child's home location  
 Intervention refused by parent/carer  
 SLT service unable to provide intervention due to lack of resources  
 Other

**In the next part of this section your primary aims of intervention during the 0-18 month period will be explored. For each primary aim you will be asked to describe the episode or multiple episodes of care provided in order to meet this aim. An episode of care is a period of time when intervention was provided, with a beginning and end point e.g. a 6 week block or singles sessions over a 3 month period.**

What was the primary aim of intervention?

If there were various aims targeted between 18 months and 3 years, please write the first aim that was targeted here.

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- 
- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Functional Communication
  - Generalisation
  - Hanen Language Program
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Sound and Babble Play
  - Stimulability
  - Video Therapy
  - Other

---

[Attachment: "Intervention Approaches Glossary.pdf"]

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen Language Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_183_appr_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Were any resources or homework provided?

Choose all that apply

- Apps
  - Generalisation Tips
  - Leaflets
  - Picture Cards for Sounds or Vocabulary
  - Videos of Therapy
  - Worksheets
  - YouTube or similar videos
  - None of the above
  - Other
- 

Other:

\_\_\_\_\_

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies
  - Babble Advice
  - Demonstration of Therapy Activities
  - Dysphagia/Feeding Advice
  - Early Communication and Play Strategies
  - Training Session
  - Hanen Language Program Training
  - Hearing Strategies and Advice
  - Parent/Adult Child Interaction Training
  - Phonecalls to advise about intervention
  - Video Therapy
  - Voice and Vocal Hygiene Advice
  - None of the above
  - Other
- 

Other:

\_\_\_\_\_

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4
  - 5    6    7    8
  - 9    10    >10    Unknown
- 

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

---

How many sessions were attended during the episode/s of care?

- 0    1    2    3
  - 4    5    6    7
  - 8    9    10    >10
  - Unknown
- 

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Other

Other:

\_\_\_\_\_  
(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_  
(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

---

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link  
 SLT - Cleft Specialist  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT Student  
 SLTA - Cleft  
 SLTA - Community  
 Other

---

Other:

---



---

What did your role involve for the shared care?

Choose all that apply

- Advice and support  
 Direct working with the child  
 Liaison  
 Supervisory role  
 Other

---

Other:

---



---

Who supported the delivery of intervention?

Choose all that apply

- Childminder  
 Dietician  
 Family Member (parent, grandparent, sibling)  
 Health Visitor  
 Key Worker  
 Member of the Cleft MDT - nurse  
 Member of the Cleft MDT - audiologist  
 Member of the Cleft MDT - dentist  
 Member of the Cleft MDT - psychologist  
 Nannie/Au pair  
 Occupational Therapist  
 Physiotherapist  
 Portage Worker  
 SLTA - Cleft  
 SLTA - Community  
 Social Worker  
 Teacher of the Deaf  
 Other

---

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

Other:

\_\_\_\_\_

Add another aim of primary aim of intervention?

Yes  No

What was the primary aim of intervention?

If there were various aims targeted between 18 months and 3 years, please write the first aim that was targeted here.

\_\_\_\_\_

Previous aim: [ccslslt\_is\_183\_aim]

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening
- Auditory Bombardment/Focused Stimulation
- Core Vocabulary
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Generalisation
- Hanen
- Language Work (Receptive or Expressive)
- Maximal Oppositions
- Metaphon
- Makaton
- Minimal Pairs
- Multi Sensory Input Modelling
- Nuffield Dyspraxia Programme
- Parent Child Interaction/Adult Child Interaction
- Phonological Awareness
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Psycholinguistic Approach
- Rule Abstraction and Cognitive Flexibility Therapy
- Social Interaction
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

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**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccsIt_is_183_appr_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Generalisation Tips
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- YouTube or similar videos
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies
- Babble Advice
- Demonstration of Therapy Activities
- Dysphagia/Feeding Advice
- Early Communication and Play Strategies
- Training Session
- Hanen Language Program Training
- Hearing Strategies and Advice
- Parent/Adult Child Interaction Training
- Phonecalls to advise about intervention
- Video Therapy
- Voice and Vocal Hygiene Advice
- None of the above
- Other

Other:

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

---

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

---

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Other

Other:

\_\_\_\_\_  
(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_  
(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

---

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link  
 SLT - Cleft Specialist  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT Student  
 SLTA - Cleft  
 SLTA - Community  
 Other

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Other:

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---

What did your role involve for the shared care?

Choose all that apply

- Advice and support  
 Direct working with the child  
 Liaison  
 Supervisory role  
 Other

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Other:

---



---

Who supported the delivery of intervention?

Choose all that apply

- Childminder  
 Dietician  
 Family Member (parent, grandparent, sibling)  
 Health Visitor  
 Key Worker  
 Member of the Cleft MDT - nurse  
 Member of the Cleft MDT - audiologist  
 Member of the Cleft MDT - dentist  
 Member of the Cleft MDT - psychologist  
 Nannie/Au pair  
 Occupational Therapist  
 Physiotherapist  
 Portage Worker  
 SLTA - Cleft  
 SLTA - Community  
 Social Worker  
 Teacher of the Deaf  
 Other

---

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

Other:

\_\_\_\_\_

Add another aim of primary aim of intervention?

Yes  No

What was the primary aim of intervention?

If there were various aims targeted between 18 months and 3 years, please write the first aim that was targeted here.

\_\_\_\_\_

Previous aims: [ccslst\_is\_183\_aim],  
[ccslst\_is\_183\_aim\_2]

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening
- Auditory Bombardment/Focused Stimulation
- Core Vocabulary
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Generalisation
- Hanen
- Language Work (Receptive or Expressive)
- Maximal Oppositions
- Metaphon
- Makaton
- Minimal Pairs
- Multi Sensory Input Modelling
- Nuffield Dyspraxia Programme
- Parent Child Interaction/Adult Child Interaction
- Phonological Awareness
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Psycholinguistic Approach
- Rule Abstraction and Cognitive Flexibility Therapy
- Social Interaction
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_183_appr_oth_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 YouTube or similar videos  
 None of the above  
 Other
- 

Other:

\_\_\_\_\_

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Babble Advice  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Early Communication and Play Strategies  
 Training Session  
 Hanen Language Program Training  
 Hearing Strategies and Advice  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other
- 

Other:

\_\_\_\_\_

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown
- 

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

---

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown
- 

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Other

Other:

\_\_\_\_\_  
(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_  
(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

---

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link  
 SLT - Cleft Specialist  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT Student  
 SLTA - Cleft  
 SLTA - Community  
 Other

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Other:

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---

What did your role involve for the shared care?

Choose all that apply

- Advice and support  
 Direct working with the child  
 Liaison  
 Supervisory role  
 Other

---

Other:

---



---

Who supported the delivery of intervention?

Choose all that apply

- Childminder  
 Dietician  
 Family Member (parent, grandparent, sibling)  
 Health Visitor  
 Key Worker  
 Member of the Cleft MDT - nurse  
 Member of the Cleft MDT - audiologist  
 Member of the Cleft MDT - dentist  
 Member of the Cleft MDT - psychologist  
 Nannie/Au pair  
 Occupational Therapist  
 Physiotherapist  
 Portage Worker  
 SLTA - Cleft  
 SLTA - Community  
 Social Worker  
 Teacher of the Deaf  
 Other

---

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

Other:

\_\_\_\_\_

Add another aim of primary aim of intervention?

Yes  No

What was the primary aim of intervention?

If there were various aims targeted between 18 months and 3 years, please write the first aim that was targeted here.

\_\_\_\_\_

Previous aims: [ccslst\_is\_183\_aim],  
[ccslst\_is\_183\_aim\_2], [ccslst\_is\_183\_aim\_3]

What intervention approaches were used to achieve this aim?

Choose all that apply. See handbook for definition of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening
- Auditory Bombardment/Focused Stimulation
- Core Vocabulary
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Generalisation
- Hanen
- Language Work (Receptive or Expressive)
- Maximal Oppositions
- Metaphon
- Makaton
- Minimal Pairs
- Multi Sensory Input Modelling
- Nuffield Dyspraxia Programme
- Parent Child Interaction/Adult Child Interaction
- Phonological Awareness
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Psycholinguistic Approach
- Rule Abstraction and Cognitive Flexibility Therapy
- Social Interaction
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_183_appr_oth_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 YouTube or similar videos  
 None of the above  
 Other
- 

Other:

\_\_\_\_\_

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Babble Advice  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Early Communication and Play Strategies  
 Training Session  
 Hanen Language Program Training  
 Hearing Strategies and Advice  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other
- 

Other:

\_\_\_\_\_

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown
- 

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

---

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown
- 

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Other

Other:

\_\_\_\_\_  
(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_  
(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No
- 

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link  
 SLT - Cleft Specialist  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT Student  
 SLTA - Cleft  
 SLTA - Community  
 Other
- 

Other:

\_\_\_\_\_

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support  
 Direct working with the child  
 Liaison  
 Supervisory role  
 Other
- 

Other:

\_\_\_\_\_

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder  
 Dietician  
 Family Member (parent, grandparent, sibling)  
 Health Visitor  
 Key Worker  
 Member of the Cleft MDT - nurse  
 Member of the Cleft MDT - audiologist  
 Member of the Cleft MDT - dentist  
 Member of the Cleft MDT - psychologist  
 Nannie/Au pair  
 Occupational Therapist  
 Physiotherapist  
 Portage Worker  
 SLTA - Cleft  
 SLTA - Community  
 Social Worker  
 Teacher of the Deaf  
 Other
- 

Other:

\_\_\_\_\_

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

Other:

\_\_\_\_\_

Add another aim of primary aim of intervention?

Yes  No

What was the primary aim of intervention?

If there were various aims targeted between 18 months and 3 years, please write the first aim that was targeted here.

\_\_\_\_\_

Previous aims: [ccslst\_is\_183\_aim],  
[ccslst\_is\_183\_aim\_2], [ccslst\_is\_183\_aim\_3],  
[ccslst\_is\_183\_aim\_4]

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
- Articulation Therapy
- Attention and Listening
- Auditory Bombardment/Focused Stimulation
- Core Vocabulary
- Cued Articulation
- Diagnostic Therapy
- Functional Communication
- Generalisation
- Hanen
- Language Work (Receptive or Expressive)
- Maximal Oppositions
- Metaphon
- Makaton
- Minimal Pairs
- Multi Sensory Input Modelling
- Nuffield Dyspraxia Programme
- Parent Child Interaction/Adult Child Interaction
- Phonological Awareness
- Phonological Therapy
- Placement Activities/Speech Actions/Posturing for Speech Sounds
- Psycholinguistic Approach
- Rule Abstraction and Cognitive Flexibility Therapy
- Social Interaction
- Sound and Babble Play
- Stimulability
- Video Therapy
- Other

[Attachment: "Intervention Approaches Glossary.pdf"]

---

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound and Babble Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_183_appr_oth_5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 YouTube or similar videos  
 None of the above  
 Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Babble Advice  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Early Communication and Play Strategies  
 Training Session  
 Hanen Language Program Training  
 Hearing Strategies and Advice  
 Parent/Adult Child Interaction Training  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other

Other:

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

---

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

---

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Other

Other:

\_\_\_\_\_  
(Please describe)

How many minutes did the intervention sessions last?

Choose all that apply

- 5    15    20    30  
 45    60    90    Other

Other:

\_\_\_\_\_  
(To the nearest whole number)

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 Other

Other:

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

Other:

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

---

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link  
 SLT - Cleft Specialist  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT Student  
 SLTA - Cleft  
 SLTA - Community  
 Other

---

Other:

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support  
 Direct working with the child  
 Liaison  
 Supervisory role  
 Other

---

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder  
 Dietician  
 Family Member (parent, grandparent, sibling)  
 Health Visitor  
 Key Worker  
 Member of the Cleft MDT - nurse  
 Member of the Cleft MDT - audiologist  
 Member of the Cleft MDT - dentist  
 Member of the Cleft MDT - psychologist  
 Nannie/Au pair  
 Occupational Therapist  
 Physiotherapist  
 Portage Worker  
 SLTA - Cleft  
 SLTA - Community  
 Social Worker  
 Teacher of the Deaf  
 Other

---

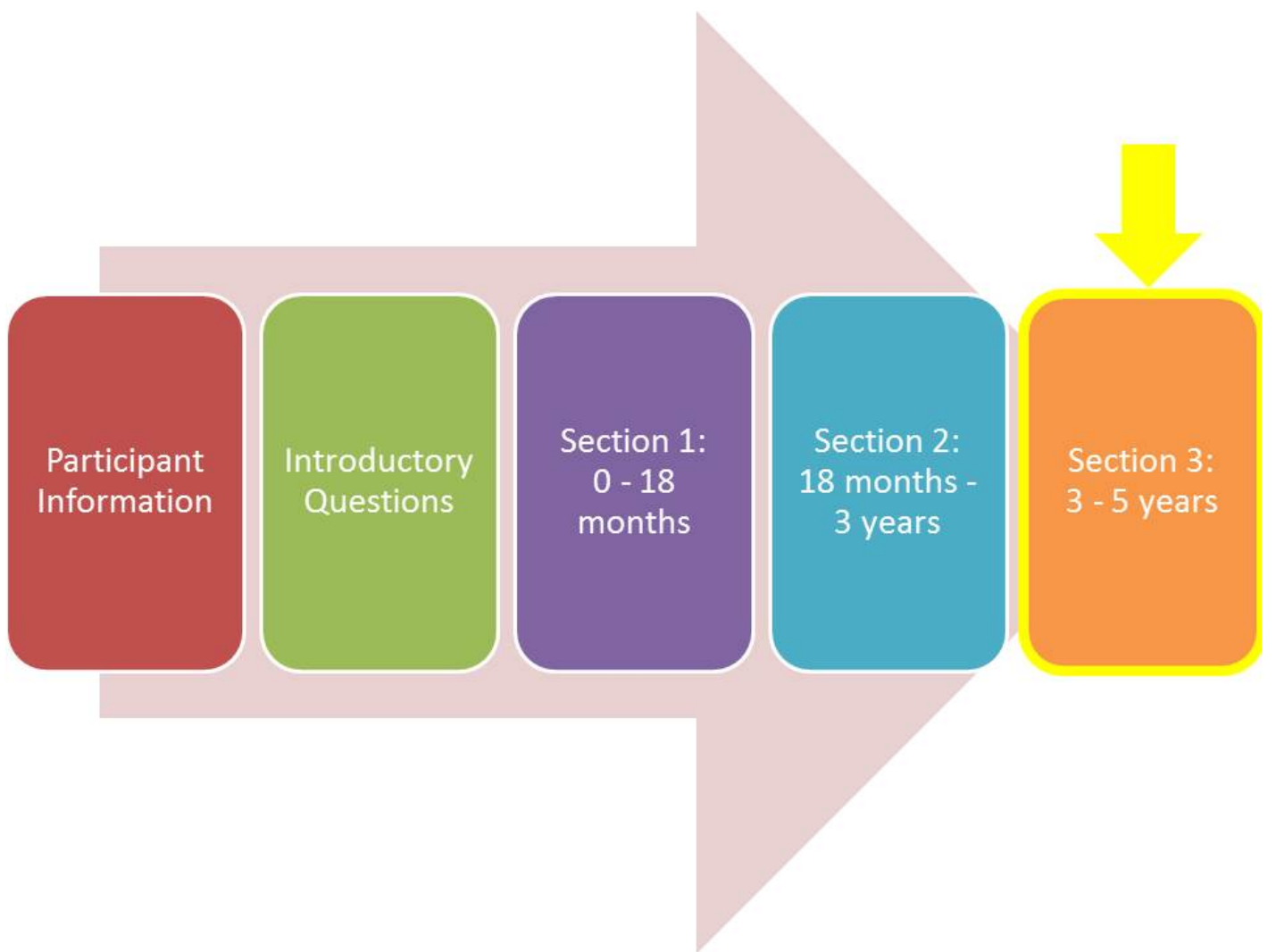
Other:

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

Other: \_\_\_\_\_



---

Total hours of intervention that the child attended from your SLT service between 3 - 5 years:

- 0    1 hour    2 hours  
 3 hours    4 hours  
 5 hours    More than 5 hours

Please round up to the nearest whole number.

Do not include time that intervention input has been delivered routinely as part of an assessment or review appointment.

---

Please state number of hours:

\_\_\_\_\_ (To the nearest whole number)

---

Was intervention recommended by your SLT service but not delivered?

- Yes  
 No

---

What was the reason for this?

Choose all that apply.

- Child was not brought  
 Intervention not available in child's home location  
 Intervention refused by parent/carer  
 SLT service unable to provide intervention due to lack of resources  
 Other

---

Was a routine 5-year speech video recording taken of the child?

- Yes  
 No

**In the next part of this section your primary aims of intervention during the 3-5 year period will be explored. For each primary aim you will be asked to describe the episode or multiple episodes of care provided in order to meet this aim. An episode of care is a period of time when intervention was provided, with a beginning and end point e.g. a 6 week block or singles sessions over a 3 month period.**

What was the primary aim of intervention?

If there were various aims targeted between 3 - 5 years, please write the first aim that was targeted here.

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- 
- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Drilling
  - Electropalatography
  - Functional Communication
  - Generalisation
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nasometry
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Stimulability
  - Ultrasound
  - Video Therapy
  - Other

---

[Attachment: "Intervention Approaches Glossary.pdf"]

---

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electropalatography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_305_appr_oth]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Generalisation Tips
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- You Tube videos or similar
- None of the above
- Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies
- Demonstration of Therapy Activities
- Dysphagia/Feeding Advice
- Training Session
- Hearing Strategies and Advice
- Phonecalls to advise about intervention
- Video Therapy
- Voice and Vocal Hygiene Advice
- None of the above
- Other

Other:

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

---

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

---

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc
- Weekly
- Fortnightly
- Monthly
- Once every 2 months
- 6 week block
- 6 weeks on, 8 weeks off
- 8 week block
- 10 week block
- Ongoing
- Intensive (more than once a week)
- Other

---

Other:

---

(Please describe)

---

How many minutes did the intervention sessions last?

- 5    15    20    30  
 45    60    90    Other

Choose all that apply

---

Other:

---

(To the nearest whole number)

---

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 School  
 Language Provision/Specialist Resource Base  
 Other

---

Other:

---

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

---

Other:

---

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

---

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder
- Dietician
- Family Member (parent, grandparent, sibling)
- Health Visitor
- Key Worker
- Member of the Cleft MDT - nurse
- Member of the Cleft MDT - audiologist
- Member of the Cleft MDT - dentist
- Member of the Cleft MDT - psychologist
- Nannie/Au pair
- Occupational Therapist
- Physiotherapist
- SLTA - Cleft
- SLTA - Community
- Social Worker
- Teacher of the Deaf
- Teacher
- Teaching Assistant
- SENCO
- Other

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

---

Other:

---



---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 3 - 5 years, please write the first aim that was targeted here.

---

Previous aim: [ccslslt\_is\_305\_aim]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Drilling
  - Electropalatography
  - Functional Communication
  - Generalisation
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nasometry
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Stimulability
  - Ultrasound
  - Video Therapy
  - Other
- 

[Attachment: "Intervention Approaches Glossary.pdf"]

---

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electropalatography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_305_appr_oth_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps
- Generalisation Tips
- Leaflets
- Picture Cards for Sounds or Vocabulary
- Videos of Therapy
- Worksheets
- You Tube videos or similar
- None of the above
- Other

Other:

\_\_\_\_\_

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies
- Demonstration of Therapy Activities
- Dysphagia/Feeding Advice
- Training Session
- Hearing Strategies and Advice
- Phonecalls to advise about intervention
- Video Therapy
- Voice and Vocal Hygiene Advice
- None of the above
- Other

Other:

\_\_\_\_\_

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc
- Weekly
- Fortnightly
- Monthly
- Once every 2 months
- 6 week block
- 6 weeks on, 8 weeks off
- 8 week block
- 10 week block
- Ongoing
- Intensive (more than once a week)
- Other

---

Other:

---

(Please describe)

---

How many minutes did the intervention sessions last?

- 5    15    20    30  
 45    60    90    Other

Choose all that apply

---

Other:

---

(To the nearest whole number)

---

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 School  
 Language Provision/Specialist Resource Base  
 Other

---

Other:

---

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

---

Other:

---

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

---

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder
- Dietician
- Family Member (parent, grandparent, sibling)
- Health Visitor
- Key Worker
- Member of the Cleft MDT - nurse
- Member of the Cleft MDT - audiologist
- Member of the Cleft MDT - dentist
- Member of the Cleft MDT - psychologist
- Nannie/Au pair
- Occupational Therapist
- Physiotherapist
- SLTA - Cleft
- SLTA - Community
- Social Worker
- Teacher of the Deaf
- Teacher
- Teaching Assistant
- SENCO
- Other

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

---

Other:

---



---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 3 - 5 years, please write the first aim that was targeted here.

---

Previous aims: [ccslslt\_is\_305\_aim],  
[ccslslt\_is\_305\_aim\_2]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Drilling
  - Electropalatography
  - Functional Communication
  - Generalisation
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nasometry
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Stimulability
  - Ultrasound
  - Video Therapy
  - Other
- 

[Attachment: "Intervention Approaches Glossary.pdf"]

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Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electropalatography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_305_appr_oth_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 You Tube videos or similar  
 None of the above  
 Other

Other:

\_\_\_\_\_

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Training Session  
 Hearing Strategies and Advice  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other

Other:

\_\_\_\_\_

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Intensive (more than once a week)  
 Other

---

Other:

---

(Please describe)

---

How many minutes did the intervention sessions last?

- 5    15    20    30  
 45    60    90    Other

Choose all that apply

---

Other:

---

(To the nearest whole number)

---

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 School  
 Language Provision/Specialist Resource Base  
 Other

---

Other:

---

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

---

Other:

---

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

---

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder
- Dietician
- Family Member (parent, grandparent, sibling)
- Health Visitor
- Key Worker
- Member of the Cleft MDT - nurse
- Member of the Cleft MDT - audiologist
- Member of the Cleft MDT - dentist
- Member of the Cleft MDT - psychologist
- Nannie/Au pair
- Occupational Therapist
- Physiotherapist
- SLTA - Cleft
- SLTA - Community
- Social Worker
- Teacher of the Deaf
- Teacher
- Teaching Assistant
- SENCO
- Other

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

---

Other:

---



---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 3 - 5 years, please write the first aim that was targeted here.

---

Previous aims: [ccslst\_is\_305\_aim],  
[ccslst\_is\_305\_aim\_2], [ccslst\_is\_305\_aim\_3]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Drilling
  - Electropalatography
  - Functional Communication
  - Generalisation
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nasometry
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Stimulability
  - Ultrasound
  - Video Therapy
  - Other
- 

[Attachment: "Intervention Approaches Glossary.pdf"]

---

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electropalatography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_405_appr_oth_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 You Tube videos or similar  
 None of the above  
 Other

Other:

---

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Training Session  
 Hearing Strategies and Advice  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other

Other:

---

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

---

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

---

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
 8 week block  
 10 week block  
 Ongoing  
 Intensive (more than once a week)  
 Other

---

Other:

---

(Please describe)

---

How many minutes did the intervention sessions last?

- 5    15    20    30  
 45    60    90    Other

Choose all that apply

---

Other:

---

(To the nearest whole number)

---

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
 Community Clinic  
 Home  
 Hospital Outpatients  
 Nursery  
 Office  
 Sure Start Centre  
 Ward  
 School  
 Language Provision/Specialist Resource Base  
 Other

---

Other:

---

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

---

Other:

---

Who was the primary SLT responsible in order to achieve this aim?

Begin typing to search options. If the primary SLT had a dual role please select the role with the highest level of skill with regards to the cleft specialism.

- SLT - Cleft Specialist  
 SLT - Cleft Link  
 SLT - Community (generalist)  
 SLT - Community with a non cleft specialism  
 SLT - Independent  
 SLT - Speech Sound Disorder Specialist  
 SLT - Flying Start or Sure Start  
 SLT Student  
 Other  
 (Choose one option)

---

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
- SLT - Cleft Specialist
- SLT - Community (generalist)
- SLT - Community with a non cleft specialism
- SLT - Independent
- SLT - Speech Sound Disorder Specialist
- SLT Student
- SLTA - Cleft
- SLTA - Community
- Other

Other:

---

What did your role involve for the shared care?

Choose all that apply

- Advice and support
- Direct working with the child
- Liaison
- Supervisory role
- Other

Other:

---

Who supported the delivery of intervention?

Choose all that apply

- Childminder
- Dietician
- Family Member (parent, grandparent, sibling)
- Health Visitor
- Key Worker
- Member of the Cleft MDT - nurse
- Member of the Cleft MDT - audiologist
- Member of the Cleft MDT - dentist
- Member of the Cleft MDT - psychologist
- Nannie/Au pair
- Occupational Therapist
- Physiotherapist
- SLTA - Cleft
- SLTA - Community
- Social Worker
- Teacher of the Deaf
- Teacher
- Teaching Assistant
- SENCO
- Other

Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

- Adverse Weather Conditions
- Cancellation of Sessions
- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

---

Other:

---



---

Add another aim of primary aim of intervention?

Yes  No

---

What was the primary aim of intervention?

If there were various aims targeted between 3 - 5 years, please write the first aim that was targeted here.

---

Previous aims: [ccslst\_is\_305\_aim],  
[ccslst\_is\_305\_aim\_2], [ccslst\_is\_305\_aim\_3],  
[ccslst\_is\_305\_aim\_4]

---

What intervention approaches were used to achieve this aim?

Choose all that apply. See attachment below for definitions of approaches.

- Airflow Activities
  - Articulation Therapy
  - Attention and Listening
  - Auditory Bombardment/Focused Stimulation
  - Core Vocabulary
  - Cued Articulation
  - Diagnostic Therapy
  - Drilling
  - Electropalatography
  - Functional Communication
  - Generalisation
  - Language Work (Receptive or Expressive)
  - Maximal Oppositions
  - Metaphon
  - Makaton
  - Minimal Pairs
  - Multi Sensory Input Modelling
  - Nasometry
  - Nuffield Dyspraxia Programme
  - Parent Child Interaction/Adult Child Interaction
  - Phonological Awareness
  - Phonological Therapy
  - Placement Activities/Speech Actions/Posturing for Speech Sounds
  - Psycholinguistic Approach
  - Rule Abstraction and Cognitive Flexibility Therapy
  - Social Interaction
  - Stimulability
  - Ultrasound
  - Video Therapy
  - Other
- 

[Attachment: "Intervention Approaches Glossary.pdf"]

---

Other:

---

**Considering all the intervention approaches you used for this aim, rank roughly how much time you spent on the following:**

	Least		Average		Most
Airflow Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention and Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory Bombardment/Focused Stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electropalatography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Work (Receptive or Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal Oppositions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metaphon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makaton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimal Pairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi Sensory Input Modelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuffield Dyspraxia Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction/Adult Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phonological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placement Activities/Speech Actions/Posturing for Speech Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycholinguistic Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rule Abstraction and Cognitive Flexibility Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[ccslst_is_505_appr_oth_5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any resources or homework provided?

Choose all that apply

- Apps  
 Generalisation Tips  
 Leaflets  
 Picture Cards for Sounds or Vocabulary  
 Videos of Therapy  
 Worksheets  
 You Tube videos or similar  
 None of the above  
 Other

Other:

\_\_\_\_\_

What training, advice and strategies were provided to communication partners?

Choose all that apply

- Attention and Listening Strategies  
 Demonstration of Therapy Activities  
 Dysphagia/Feeding Advice  
 Training Session  
 Hearing Strategies and Advice  
 Phonecalls to advise about intervention  
 Video Therapy  
 Voice and Vocal Hygiene Advice  
 None of the above  
 Other

Other:

\_\_\_\_\_

How many sessions were offered during the episode/s of care?

- 1    2    3    4  
 5    6    7    8  
 9    10    >10    Unknown

If more than 10 sessions were offered, please state how many.

\_\_\_\_\_

To the nearest whole number

How many sessions were attended during the episode/s of care?

- 0    1    2    3  
 4    5    6    7  
 8    9    10    >10  
 Unknown

If more than 10 sessions were attended, please state how many.

\_\_\_\_\_

(To the nearest whole number)

Describe the frequency of the sessions:

Choose all that apply

- Single session/ad hoc  
 Weekly  
 Fortnightly  
 Monthly  
 Once every 2 months  
 6 week block  
 6 weeks on, 8 weeks off  
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 Ongoing  
 Intensive (more than once a week)  
 Other

---

Other:

---

(Please describe)

---

How many minutes did the intervention sessions last?

- 5    15    20    30  
 45    60    90    Other

Choose all that apply

---

Other:

---

(To the nearest whole number)

---

Where did the intervention sessions take place?

Choose all that apply

- Children's Centre  
 Cleft Team Clinic  
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 Home  
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 Office  
 Sure Start Centre  
 Ward  
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 Language Provision/Specialist Resource Base  
 Other

---

Other:

---

How were the sessions delivered?

Choose all that apply

- Individual    Group  
 Pair    Telemedicine  
 Other

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Other:

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 SLT Student  
 Other  
 (Choose one option)

---

Other:

---

Was the care of the participant's intervention shared between two or more SLTs during the episode/s of care?

- Yes  
 No

What were the roles of the other SLT professionals who were involved?

Choose all that apply

- SLT - Cleft Link
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---

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- Member of the Cleft MDT - psychologist
- Nannie/Au pair
- Occupational Therapist
- Physiotherapist
- SLTA - Cleft
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- Social Worker
- Teacher of the Deaf
- Teacher
- Teaching Assistant
- SENCO
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Other:

---

Did you perceive that there were any barriers or constraints experienced during this episode of care?

Choose all that apply

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- Child's Readiness for Intervention
- Child Was Not Brought
- Complex Medical Needs
- Concerns regarding Palatal Function
- Illness
- Parental/Carer Disengagement
- Safeguarding Concerns
- Service Level Constraints e.g. resources/staffing
- Timing of Surgery
- Other
- None of the above

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Other: \_\_\_\_\_

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Date submitted 5 year \_\_\_\_\_

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