



The Speech and Language Evaluation

What is a speech and language evaluation?

A speech and language evaluation is the measurement of a person's communication skills. It is done to find out if a person has communication problems. The evaluation is done by a speech-language clinician.

The speech-language clinician gathers information by asking questions about your child and testing the child. Depending upon the age and attention span of the child, the evaluation may be completed in one session. Or, it may be spread over several sessions. The length of the evaluation will vary with the amount of testing that needs to be done.

Before your child is seen for an evaluation, you may be asked to answer questions or complete written forms about your child. You may be asked for a description of your child's:

Health History – including any serious illnesses, operations, accidents or recurring health problems.

Developmental History – including the ages at which your child started doing certain activities like sitting, walking, making speech sounds, etc.

Family – including names and ages of brothers and sisters, discussion of family members who may have speech or hearing problems, etc.

Speech and language behaviors – including your comments about your child's speech and language skills and any causes of concern.

School history – what schools your child has attended.

What kind of tests will my child be given?

During your child's evaluation, the clinician observes the child doing different tasks. The clinician will evaluate your child's:

- Understanding and use of different words
- Correct use of words in correctly formed sentences
- Use of language for different purposes
- Pronunciation of speech sounds
- Physical ability to produce speech
- Voice quality
- Fluency or smooth flow of speech

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The clinician also briefly checks the child's motor skills, which involve coordinating muscle movements. Large motor abilities like walking and running are checked. Fine motor activities like writing or drawing are also checked. A hearing screening is part of any speech and language evaluation. There may be a hearing problem that may affect speech and language development. The clinician also checks the child's mouth, looking for any structural problems with the tongue, lips, teeth, or roof of the mouth. The clinician uses formal tests and informal observations of the child's communication abilities. The clinician also notes such things as the child's attention span, activity level, play skills, or any unusual behavior.

What are formal tests?

Formal tests are a way of comparing your child with other children of the same age. There are many tests available. The clinician tries to choose those that will give the information needed about a child's problem. In a formal test, the child is asked to cooperate on certain tasks. The child's ability to perform these tasks is compared to the ability of other children. The clinician is looking for an overall age level at which your child performs. The clinician also notes the kinds of tasks that give the child trouble. Later, if the child is enrolled in therapy, the clinician will do more tests to determine which specific skills to teach. Formal tests are designed to get a sample of the child's skills on various kinds of tasks, including:

1. **Receptive vocabulary** - What words does the child understand? The child is asked to point to pictures or objects named.
2. **Expressive vocabulary** - What words does the child use? The child is asked to name objects and/or pictures. At older age levels (over four years), the child may be asked to explain what a word means, or to complete a sentence such as "Fire is hot, ice is ____."
3. **Receptive grammar** - How well does the child understand different language forms? The child might be asked to find a picture that "goes with" a sentence said by the evaluator. Or, the child might be asked to follow a request using some objects, such as "Put the car in the box. Now put both cars in the box." This checks the child's understanding of plurals.
4. **Expressive grammar** - What language forms can the child use? The child might be asked to imitate various types and lengths of sentences. The child might be asked to complete a sentence with a particular form, such as plurals. "Mary has a dress and Joan has a dress. So they have two ____."
5. **Auditory memory** - How well does the child remember what is heard? The child might be asked to follow a series of directions that gradually increase in length, such as "Put the cup in your lap and open the book" or "Touch the dog, the book, the cup, and the spoon." The child might be asked to repeat a series of unrelated words or a series of numbers. The child might also be asked to repeat a series of related words, such as dog, cow, and horse. The child's ability on each task would be compared.
6. **Auditory discrimination** - Can you child hear small differences between words? The child might be asked to tell whether two words sound the "same" or if they sound "different". For example, are "sing" and "ring" the same or different? The child might also be asked to point to a picture in a book. Pictures of words that sound similar would be on the same page.
7. **Word-finding** - How well does the child think of words to use? The child might be asked to rapidly name a series of common objects, or a series of pictures of common objects. The child might be asked to name as many words as possible in a limited amount of time.

8. **Articulation** – What speech sounds can the child make? How clear is the child’s speech? The child’s pronunciation of vowels and consonant sounds is recorded. The child is usually asked to name a picture. The names of the pictures contain each of the sounds of English at the beginning, middle, or end of the word. The clinician notes any mispronunciations. Sometimes, a picture story is used. This shows the clinician if your child makes more errors in saying sentences than in saying single words. The clinician also has the child imitate some of the error sounds. This shows if the child can imitate the sound all by itself (in “isolation”), in a syllable, in a word, or in a sentence.

What are informal tasks?

Informal tasks include talking with the child, having the child discuss pictures, answer questions, and tell simple stories. If the child is an infant or toddler, the clinician observes how the child plays, how the child uses objects and toys, and how well the child understands words and requests. The clinician also looks at how the child expresses wants and needs and obtains information and objects. The clinician looks to see if these functions are expressed nonverbally (with gestures, eye contact, tugging, and pointing) or with words.

What other measurements are taken during the evaluation?

1. Oral peripheral examination

The clinician conducts what is called an “oral peripheral examination.” This includes observing the child’s face, lips, teeth, tongue, palate, and throat. It also includes observing how well they work in such activities as feeding, moving the tongue, moving the lips, or making alternating lip and tongue movements rapidly. The clinician might ask questions about the child’s feeding skills. The muscles of the mouth are first developed in feeding activities such as sucking, swallowing, and chewing before the muscles are used for speech.

2. Voice

If there is a voice problem, the evaluator will be concerned with how long the child can hold a tone on one breath, what the child’s pitch range is (how low and how high the child can sing), and the pitch that the child usually uses to talk. The clinician might also ask questions about how the child uses the voice. For example: Does the child talk loudly? Does the child yell a lot?

3. Fluency

The clinician also tries to find out if there is a fluency problem. As the child speaks, the clinician listens for sounds and words that are repeated or prolonged, hesitations, and fillers such as “um” and “uh”. The clinician might ask you to describe how your child talks and whether or not the child avoids talking.

What should be the result of the speech and language evaluation?

A written report of a thorough speech and language evaluation will include the following:

1. Information about the child’s history and home environment that may be helpful in understanding the communication problem.
2. A description of the child’s abilities in the areas of making speech sounds, language use, voice, and fluency of speech.
3. A description of the child’s physical structures for speech (lips, tongue, palate, etc) and how well the muscles work compared to other children of that age.
4. The results of a hearing test to rule out the possibility of a hearing problem.

5. A description of special problems such as physical limitation, behavior problems, emotional problems, short attention span, over activity, or poor motor skills.
6. Recommendations for future action which might include:
 - Referral to another professional such as a medical doctor
 - Additional testing
 - Re-evaluation at a later date
 - Participation in a speech therapy program, including suggestions for:
 - Type of therapy
 - Frequency of therapy
 - Length of sessions
 - Goals for therapy
 - Parent participation
 - No need for therapy

Summary

The speech-language clinician is interested in finding out your child's strengths and weaknesses in communication. Then the clinician can make the best decisions about treatment or referral to another professional. The clinician will also explain the meaning of your child's test scores. It is often difficult to do all of the activities listed above in the time allowed. But the clinician will try to obtain all the necessary information and share the results, interpretation, and recommendations with you.

If you have specific questions about the evaluation be sure to ask the clinician. The clinician will be glad to go over specific questions, more than once if necessary.

Vocabulary

Articulation – The production of speech sounds.

Auditory – Involving the sense of hearing.

Consonants – The sounds made by stopping or restricting the outgoing breath.

Coordination – Several muscles or muscle groups working together harmoniously to perform movements.

Evaluation – Tests used to measure a person's level of development, or to identify a possible disease or disorder.

Expressive language – Includes the skills involved in communicating one's thoughts and feelings to others.

Fluency – The smooth, meaningful flow of speech.

Motor – Relating to muscular movements.

Pitch – Sound quality associated with low or high frequency of vibrations, like low or high musical notes.

Prolong – To lengthen or stretch out in time.

Receptive language – Includes the skills involved in understanding language.

Speech- language clinician – A person who is qualified to diagnose and treat speech, language, and voice disorders.

Vowels – The sounds associated with the letters “a”, “e”, “i”, “o”, “u”, and “y”; made by allowing air to pass through the nose or mouth without friction or stoppage.

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