

Your Agency's Header Here
**Speech-Language Pathology
Initial Evaluation Report**

Name: _____ **Report Date:** _____
Address: _____
DOB: _____ **Case Manager & Agency:** _____
CA: _____
SS#: xxx-xx-(last 4 digits only)

Referral Information:

Identify the origin of the SLP assessment referral and the reason for the referral.

Background Information:

Review the individual's documentation/records and ISP to obtain the current information. Identify relevant diagnoses (i.e., "medical diagnoses include"); specific concerns related to the scope of SLP services; relevant reported health and safety. Describe past SLP services received in regard to approximate timeline, focus and reason for discontinuation, if available. Identify relevant current ISP vision statements and desired outcomes and DD Waiver support services.

Assessment:

This area shall be a report of the findings of a broad assessment regarding those domains that are included in the scope of speech-language pathology assessment or intervention.

SLP Assessment Tools:

Describe what tools and/or process were used to assess the individual. These may include both formal assessment protocols that are norm referenced for the IDD population and/or informal methods of observation, interview and interaction-based assessment.

Assessment Findings:

Identify the areas of assessment and the results of the assessment to document functional baseline abilities. At a minimum include primary language; expressive and receptive communication modalities and functional status; speech status including articulation, voice and fluency; and oral-motor and swallow status including a report of aspiration risk criteria evaluated by the SLP as stated in the DDS D Aspiration Risk Screening Tool. See below.

Communication

Primary Language:

Describe English/Spanish/Tewa/ASL/etc.

Receptive Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current receptive communication modalities and functional status. Expand upon checklist items above. Indicate barriers and needed supports.

Name

date

Expressive Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current expressive communication modalities and functional status. Modalities may include Facial Expression, Vocalizations, Body Movement, Gestures, Sign Language, Verbalizations/Speech, Aided Augmentative Communication (be specific regarding type of AAC/SGDs) and Other (i.e. pantomime, idiosyncratic non-verbal/behavioral communication). Indicate whether individual is intentional with communication; the intelligibility of the combined and/or separate modalities. IMPORTANT: Describe intelligibility in terms of familiar/unfamiliar conversational partners and familiar/unfamiliar topics. Identify successful communicative functions that are currently used by the individual given all modalities (i.e., ritualized, controlling, informing, feeling, etc.). Describe contexts of successes and challenges. Expand upon checklist items above. Indicate barriers and needed supports.

Language Production:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe use of semantics/vocabulary, syntax/grammar, language sample analysis and MLU if appropriate, etc. Expand upon checklist items above. Indicate barriers and needed supports.

Interactive/Social Pragmatic Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe aspects of social pragmatic interaction. This would include appropriate use of eye contact; space and touch; topic initiation, maintenance and termination; use of distance communication; use of humor. Expand upon checklist items above.

Literacy:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current literacy experiences and functional status. This would include sign/logo recognition; sound-symbol relationships; decoding/sight word recognition; encoding; comprehension; functional use of literacy. Identify supports as in computer hardware/software (here or under the technology section, as preferred). Identify functional literacy needs. Expand upon checklist items above.

Name

date

Speech Production:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new speech production materials
- Requires skilled DSP training to use strategies/ materials effectively

Briefly describe articulation/phonological inventory and errors, voice and fluency parameters. Identify intelligibility and contexts of success versus challenges. Expand upon checklist items above. Indicate barriers and needed supports.

Technology (i.e., Computer Use, if applicable)

- Functional to support current needs
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new materials
- Requires skilled DSP training to use strategies/materials effectively

Briefly describe current technology use and functional status. Expand upon checklist items above. Indicate barriers and needed supports.

Oral Motor and Swallowing

NAME demonstrates the following:

- 100% NPO nutrition and hydration and medication status
- Combination PO and enteral feeding, see description below
- Observed rumination, if yes frequency _____
- Observed GERD, if yes frequency _____
- Diagnosis of oral dysphagia, date _____
- Diagnosis of pharyngeal dysphagia, date _____
- Dependent upon others for PO feeding and/or drinking
- Observed low level of alertness that impairs the ability to participate fully in PO eating and drinking
- Observed Risky Eating Behaviors, see description below
- Observed signs/symptoms of aspiration, see description below

Briefly describe observation of oral-motor and swallowing function during eating and non-eating activities. Expand upon checklist items above. Describe the oral phase and any symptoms of difficulty with the pharyngeal phase. Identify the current diet texture and liquid consistency; adaptive equipment used; current levels of support; and supervision required. Follow up on descriptions identified in checklist above. Briefly describe saliva management and oral hygiene status. (If oral hygiene is addressed by an OT, the SLP does not need to report on it.)

Assessment Implications:

Interpretation of findings as they impact functional communication, eating and drinking, health and safety. Identify the need for assistive technology supports.

Recommendations for Referrals:

Identify clinical recommendations for additional services not currently present on IDT (i.e. occupational therapy, physical therapy, behavioral support consultation) and/or outside of the IDT (i.e., SAFE Clinic, Special Needs Clinic, TEASC, videofluoroscopic swallowing assessment, laryngeal endoscopy, augmentative and alternative communication assessment).

Recommendations for Speech-Language Pathology Services:

Recommend inclusion or exclusion of DD Waiver speech therapy services based on the results of this assessment.

Initial Therapy Goals, (if therapy is recommended)

Identify the broad goals of SLP intervention. Base these upon the reason for the referral, findings and implications and ISP visions and desired outcomes. Goals and objectives shall be focused upon improving functional participation.

Therapist's Signature (e-signature or original signature) _____

Therapist's Name and Professional Credentials

Date of Signature

Provider Agency's Name & phone no.