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Descriptors-*Administration, Case Records, Conferences, Equipment, *Exceptional Child Education, Facilities, Hearing Therapists, Medical Evaluation, *Records (Forms), School Services, School Surveys, Speech Evaluation, Speech Therapists, *Speech Therapy, *State Programs, Student Evaluation

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Record and report forms for speech and hearing programs in Ohio are provided for the following areas: speech evaluation (including the articulation test, audiometric evaluations, peripheral speech mechanism and muscle coordination, voice, skill of expression, classification of speech problem, related data, and remarks and recommendations); otorhinolaryngologist's report; report of laryngoscopy; speech therapy log; conference report; and final case summary. Also included are forms for space and equipment inventory, results of speech survey within the school, report of coordination activities, periodic report to superintendent, semi-annual progress report to the superintendent, teacher request for speech and hearing evaluation, report of the evaluation, classroom teacher's evaluation of speech progress, and periodic report to parents. A long case history form is not offered, but left to the speech therapist to develop. A bibliography cites six guides or texts for therapists and five diagnostic tests. (JD)

BASIC RECORD AND REPORT FORMS
FOR
SPEECH AND HEARING PROGRAMS IN OHIO



Issued by

Martin Essex
Superintendent of Public Instruction

OHIO DEPARTMENT OF EDUCATION
COLUMBUS, OHIO

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**BASIC RECORD AND REPORT FORMS
FOR
SPEECH AND HEARING PROGRAMS IN OHIO**

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SPEECH EVALUATION

Name _____ Birthdate _____ Age _____ Sex _____

School _____ Grade _____ Room _____

Parent or Guardian _____ Address _____ Telephone _____

Father's Occupation _____ Mother's Occupation _____

I. Articulation Test Date: _____ Examiner _____

Type of Test: Picture _____ Sentence _____ Other: _____

Consonants:	I	M	F	Comments	Blends:	Comments	Comments
m					bl		sn
b					fl		sp
p					gl		st
w					kl		sw
h					pl		gz
n					sl		ks
t					spl		dw
d					dl		kw
k					tl		Vowels:
g					ʒ/		i(eat)
ʒ					br		I(sit)
j					dr		ɛ(ten)
f					fr		æ(hat)
v					gr		ʌ(cup)
ð					kr		ɑ(far)
s					pr		p(top)
l					shr		ɔ(ball)
o					skr		U(book)
ʒ					spr		u(moon)
z					str		ju(new)
s					tr		ɔʊ(nose)
r					thr		aʊ(cow)
tʃ					sk		eɪ(cake)
dʒ					skw		əɪ(tie)
hw					sm		ɔɪ(boy)

Note: Consonants listed in usual order of development according to West, Ansberry, Carr, Rehabilitation of Speech (third edition p. 60), Harper and Brothers, 1957.

Key: Record substitution errors with sounds substitute. Mark omission (-); Distortion (Dis.); Inconsistent (Inc.). Circle sounds when they are corrected.

II. Audiometric Evaluations:

Dates: _____

Results: Is hearing normal? Yes ___; No ___

III. Peripheral Speech Mechanism and Muscle Coordination: (check one on each line)

Lips: normal ___; cleft ___; mobility ___

Teeth: normal ___; maligned ___; spaced ___; missing ___; false ___;
malformed ___; supernumerary ___

Jaw: normal ___; open bite ___; over bite ___; under bite ___;
cross bite ___; mobility ___

Tongue: normal ___; large ___; small ___; asymmetrical ___;
mobility ___

Hard Palate: normal ___; cleft ___; repaired ___;
contour: flat ___; deep and narrow ___

Soft Palate: normal ___; cleft ___; repaired ___; asymmetrical ___;
mobility ___

Nasal Cavities: normal ___; septum: deviated ___; nasal occlusion:
right ___; left ___; nares constriction ___

Breathing: normal ___; uneven ___; deep ___; shallow ___; rapid ___

General Mobility of Oral Structures: _____

IV. Voice: (check one in each line)

Quality: normal ___; hoarse ___; harsh ___; breathy ___; nasal ___;
denasal ___

Pitch: normal ___; too high ___; too low ___; monotone ___;

Pitch variability: adequate ___; inadequate ___

Intensity: normal___; too loud___; too soft___; uncontrolled___

Variability: adequate___; inadequate___

Rate: normal___; too rapid___; too slow___; uneven___;
monotonous___

V. Skill of Expression:

General conversational speech: _____

Oral reading: _____

Expressive ability: _____

Receptive ability: _____

Speech adequacy: _____

VI. Classification of Speech Problem:

_____ Articulatory

_____ Cerebral Palsy

_____ Language Disorders

_____ Voice Disorder

_____ Rhythm Disorders

_____ Impaired Hearing

_____ Cleft Palate and/or Lip

Previous Speech Therapy:

Dates: _____

Results: _____

Speech Recordings Available? _____

VII. Related Data:

A. Defects of Vision: _____

B. School Achievement: Slow Learner ___; Below average ___
Average ___; Above average ___; Grades repeated _____

C. Name of Tests Given: (give dates and scores)

D. Gross Motor Coordination: _____

E. Fine Motor Coordination: _____

VIII. Remarks and Recommendations:

OTORHINOLARYNGOLOGIST'S REPORT

Name of child: _____ Age _____ Parent: _____

Address: _____
 Street City Zip Code

History of ear problem: _____

Ear, Nose and Throat Examination: _____

Diagnosis: _____

Prognosis: Stationary _____ Will Improve _____ Progressive _____

Was audiometric evaluation given? _____ Result: _____

Medical Recommendation: _____

Should hearing aid evaluation be considered? _____

Please return to: _____ M.D.
Title: _____ Address: _____
Address: _____ Date of Examination: _____



REPORT OF LARYNGOSCOPY

Name of Child: _____ Age: _____ Parent: _____

Address: _____
Street City Zip Code

Date of Examination: _____ Type: _____

General Health and Appearance: _____

Diagnosis: _____

Prognosis: _____

Medical Recommendation: _____

Should speech therapy be considered? _____

Do you recommend periodic checks? _____ When? _____

Please return to: _____ M.D.

Title: _____ Address: _____

Address: _____ Date of this report: _____

_____SCHOOLS

SPEECH THERAPY LOG

Name: _____

Classification of speech problem: _____

Working on: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

_____ SCHOOLS
Speech and Hearing Therapy

CONFERENCE REPORT

Participants: _____

Type: Telephone _____; School _____; Home _____

Initiated by: _____

Purpose: _____

Comments concerning the Interview: _____

Speech and Hearing Therapist

Date



SCHOOLS

FINAL CASE SUMMARY

Name: _____ School: _____ Grade: _____

Classification of Speech Problem: _____

Hearing: Normal _____ Recheck _____ Referred _____ Under Treatment _____

Comments: _____

Voice: _____

Fluency: _____

Language Usage: _____

Number of Parent Conferences: Telephone _____ Home _____ School _____

Number of Conferences with: Teachers _____; Principal _____; Nurse _____;

Psychologist _____; Other: _____

Cooperation of Child: Cooperative _____ Indifferent _____ Uncooperative _____

Cooperation of Parents: Cooperative _____ Indifferent _____ Uncooperative _____

Attendance: Possible Days _____ Days Present _____ Days Absent _____

Summary of Treatment: Number of Individual Sessions _____

Number of Group Sessions _____

Results: _____

Recommendations: Dismiss _____; Recheck _____; Retain _____

Speech and Hearing Therapist

Date

PUBLIC SCHOOLS

Space and Equipment Inventory
for
Speech and Hearing Therapy

Name of School _____ Principal _____

Location of room to be used _____ Size _____

Will room be shared? No ____; Yes ____; If so, by Whom _____

Days room is available (Circle) A. M. Mon. Tues. Wed. Thurs. Fri.
 P. M. Mon. Tues. Wed. Thurs. Fri.

Are there interruptions? _____ Explain _____

Is room quiet? _____ Explain _____

Minimum equipment required under State Board of Education Standards:

5 Intermediate chairs (15-16 inch)

1 Intermediate height table to fit chairs

Therapist's Desk

Therapist's Chair

Bulletin Board ____; Chalkboard ____; Mirror _____ Size _____

Filing Cabinet ____; Tape Recorder _____

	Satisfactory	Unsatisfactory	Needs Improvement as follows:
Lighting			
Ventilation			
Heating			
Electrical Outlet			
Acoustics			

Comments: _____

Speech and Hearing Therapist

Approved for Service: By _____ Date _____
(Superintendent or coordinator of Speech Therapy Program)

_____ SCHOOLS

Results of Speech Survey

Principal _____

School _____

On _____, a speech survey was made. The following is a statistical account of the findings:

Number of children _____
seen in survey

Number of children _____ Mild _____ Moderate _____ Severe _____
with speech problems

Number enrolled in _____
speech therapy

Distribution of children enrolled in speech therapy classes according to grade and type of problem:

Problem	1st	2nd	3rd	4th	5th	6th	TOTAL
1. Articulation							
2. Stuttering							
3. Voice Disorders							
4. Language Disorders							
5. Cleft Palate							
6. Cerebral Palsy							
7. Hearing Impaired							

Speech and Hearing Therapist

Date of this report: _____

SCHOOLS

Speech and Hearing Services

REPORT OF COORDINATION ACTIVITIES

Month _____

First Week:

Second Week:

Third Week:

Fourth Week:

Speech and Hearing Therapist

Date of report: _____

SCHOOLS

Periodic Report to Superintendent
Speech and Hearing Services

Therapist: _____ Date: _____

	SCHOOLS					
Screened for Speech						
Screened for Hearing						
Threshold Tests						
Need Therapy						
Speech Therapy Enrollment						
Speechreading Enrollment						
On Waiting List						
Corrected						
Dismissed						
Improved						
No Improvement						
Parent Conferences						
Telephone Calls to Parents						
Home Visits						
Classes Visited by Therapist						

Meetings or Conventions attended:

NAME	PLACE	DATE	PARTICIPANT

SCHOOLS

Speech and Hearing Therapy

Semi-Annual Progress Report to the Superintendent

NAME OF SCHOOL _____

NUMBER SCREENED FOR SPEECH _____

NUMBER NEEDING THERAPY _____ (includes case load)

NUMBER ENROLLED:

___ Defects of Articulation

___ Language Disorders

___ Stuttering

___ Cleft Palate

___ Cerebral Palsy

___ Voice Disorders

___ Hearing Impaired

NUMBER ON WAITING LIST: Mild ___ Moderate ___ Severe ___ Total ___

PROGRESS OF THERAPY:

___ Corrected

___ Improved

___ No Improvement

___ Dropped or Transferred

___ Retained

RELATED DATA:

___ Medical Referrals

___ Psychological Referrals

___ Home Visits

___ Parent Conferences at School

___ Talks at Meetings

___ Teacher Conferences

___ Telephone Conferences

OBSERVATIONS OF CLINICAL WORK BY:

___ Administrator

___ Parents or Guardians

___ Others

Speech and Hearing Therapist

Date

_____ SCHOOLS

REQUEST FOR SPEECH AND HEARING EVALUATION

Name of Child: _____ Age: _____ Grade: _____

My interpretation of the speech and/or hearing problem: _____

Check other significant information:

_____ Poor reader

_____ Avoids speaking in class

_____ Appears tense and nervous

_____ Inattentive in class discussions

_____ Discipline problem

Teacher: _____

School: _____ Room _____

Date: _____

_____ SCHOOLS

REPORT OF SPEECH AND HEARING EVALUATION

To: _____ School _____

From: _____ Regarding _____

Grade: _____

Results of Speech Evaluation:

Result of Hearing Evaluation:

Suggested procedures for classroom teacher:

Recommendations:

Therapy recommended _____

Therapy now _____

Waiting List _____

No Therapy recommended _____

Thank you for referring this child.

Speech and Hearing Therapist

Date

_____ SCHOOLS

CLASSROOM TEACHER'S EVALUATION OF
SPEECH PROGRESS

Child's Name: _____ Teacher's Name: _____

Grade: _____ Room _____ Please return to the speech
therapist by _____

Current Problem: _____

Improvement of speech when reading:

1. No improvement
2. Slight improvement
3. Considerable improvement
4. Inconsistent
5. Other

Speaking:

1. No improvement
2. Slight improvement
3. Considerable improvement
4. Inconsistent
5. Other

Remarks: _____

Signed: _____

Date: _____

_____ SCHOOL

PERIODIC REPORT TO PARENTS

Dear

_____ has attended speech class from _____
to _____.

We have been working on:

Your child has/has not attended speech class regularly.

Progress in the above mentioned work has been:

Very satisfactory _____
Satisfactory _____
Fair _____
Slight _____

Co-operation has been:

Very good _____
Good _____
Fair _____
Poor _____

Suggestions for you:

Speech and Hearing Therapist

Date

LONG CASE HISTORY FORM

When minimum basic records are kept current, a long case history form is not practical for every child enrolled in public school speech therapy. For children with multiple or severe problems, or for making referrals to other services, additional information should be summarized on a long case history form.

Since speech therapists have had experience in their university preparation with this type of form, they may prefer to develop their own form.

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