

**Matanuska-Susitna Borough School District
Speech-Language Services
Articulation Evaluation – School Aged and Preschool**

Student _____ Age _____

Speech-Language Pathologist _____ Date _____

Articulation Assessment Checklist	Yes	No
1. Test administered and errors compared to Iowa-Nebraska Norms chart.		
2. Oral Mechanism Screening completed.		
3. Intelligibility statement on evaluation report.		
4. Educational or Communication Impact Checklist (Articulation) completed.		
5. Statement of stimulability on report.		
6. List of articulation errors.		

Summary – SLI – all ages	Yes	No
<p>1. Delay in articulation indicated: -If a student consistently produces one or more articulation errors that are at least 6 months delayed when compared to the Iowa-Nebraska Articulation Norms Chart, as assessed with a standardized articulation test. OR -If 2 or more developmentally appropriate errors* occur but the student is less than 75% intelligible in conversation. *excluding s, l, r under the age of 6.</p> <p>Do not report standard score.</p>		
<p>2. Educational/Communication Impact Shown: -Education Impact shown on “Educational Impact: Articulation” form for School Aged Students. OR -Communication Impact shown on “Communication Impact” form for Preschool Students.</p>		
Must be "Yes" to both summary items to qualify for speech/language services as SLI.		

*A child can qualify if articulation has a pattern that is not considered normal to development. Example: Lateralized “s”, stopping “s”.

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Articulation Evaluation – School Aged and Preschool**

Summary – ECDD (Speech only) – Up to 9 th birthday	Yes	No
1. Delay in articulation indicated by 2 SD below the norm, 70SS, 2 nd %ile or 25% delay (or greater) on an articulation test.		
2. Educational/Communication Impact Shown: -Education Impact shown on “Educational Impact: Articulation” form for School Aged Students. OR -Communication Impact shown on “Communication Impact” form for Preschool Students.		
Must be “Yes” to both summary items to qualify for speech/language services as ECDD.		

Include a copy of protocols with report and file.

**Matanuska-Susitna Borough School District
Speech-Language Services
Educational Impact: Articulation – School Age**

Student _____ Date _____

Reporter _____ Grade _____

1. Is this student's speech difficult to understand? Often Sometimes Rarely

2. Does this student make errors in spelling on the same sounds they misarticulate? Y N

Please attach writing samples.

3. Does the student misarticulate sounds while reading? Y N

Please provide examples: _____

4. Does the student appear frustrated due to articulation errors? Y N

Please provide examples: _____

5. Does the student appear to avoid speaking in class because of articulation errors? Y N

Please provide examples: _____

6. Has this student indicated that he/she is having problems or shown concern about speech production? Y N

Please provide examples: _____

7. Do others comment on this student's speech errors? Y N

Please provide examples: _____

8. Does the student's speech distract listeners from what is being said? Y N

Please provide examples: _____

In my opinion, this student's articulation errors adversely affect educational performance. Y N

Please provide examples: _____

Reporter's Signature

Date

Matanuska-Susitna Borough School District
Speech-Language Services
Oral Mechanism Screening

Student _____ Age _____

Speech-Language Pathologist _____ Date _____

I. LIPS: Appearance: _____

1. Position of the lips at rest: _____ protruded _____ pressed together
_____ wide open

2. Are lips symmetrical? _____ yes _____ no

Function

1. Can student purse lips? _____ yes _____ no

2. Can student retract lips to left? _____ yes _____ no

3. Can student retract lips to right? _____ yes _____ no

4. What lips movements can be seen on an automatic level?

II. TEETH: _____ open bite _____ cross bite _____ over bite _____ normal

1. Are any teeth missing that would affect production of speech sounds? _____ yes _____ no

2. Which speech sounds might be affected by missing teeth?

3. Does the student wear a dental appliance? _____ yes _____ no

4. What type of appliance? _____

5. How will speech production be affected by the appliance?

III. TONGUE:

1. Movement: Can the student elevate the tip of the tongue to the alveolar ridge?

_____ yes _____ no _____ restrictive lingual frenum

2. Function: Can the tongue move independently of the jaw? _____ yes _____ no

3. Voluntary movements: _____ protrude tongue _____ retract tongue

_____ elevate tongue _____ lower tongue

4. Can the voluntary movements be made outside the mouth? _____ yes _____ no

5. Is excessive anterior tongue movement observed? _____ yes _____ no

6. Tongue posture at rest: _____

IV. TONSILS: _____ normal _____ enlarged _____ absent

V. VELO-PHARYNGEAL SUFFICIENCY: _____ appears normal _____ questionable

VI. DIADOCHOKINETIC RATE: _____ appropriate _____ slow _____ imprecise

Comments: _____

**Matanuska-Susitna Borough School District
Speech-Language Services
Intelligibility Data**

Student _____ Age _____

Speech-Language Pathologist _____ Date _____

Procedures:

1. Listen to the student’s speech and collect data on 100 consecutive verbatim utterances. If the student is highly unintelligible, the SLP may want to analyze each syllable if word boundaries are not clear.
2. Mark a dot “.” for each understandable word.
3. Mark a “/” for each unintelligible word that an unfamiliar listener of the same linguistic background could not understand.
4. Calculate percentage of unintelligibility.

Results: _____% unintelligible