

SAMPLE REPORT: PRESCHOOL FLUENCY

June 9, 2005

SPEECH AND LANGUAGE EVALUATION

NAME:	James Dean	D.O.B.:	8/14/ 01
PARENT:	Jimmy Carter	AGE:	3,10
ADDRESS:	123 Sesame Street Hollywood, AL 71758	D.O.E.:	6/9/05
PHONE:	(456) 823-4455	REFERRAL:	Dr. Big Bird
		PATIENT#:	DEAN0001

STATEMENT OF THE PROBLEM

James Dean, age three years and ten months, was seen at The University of South Alabama Speech and Hearing Center for an evaluation of a possible stuttering problem. He was accompanied by his father, Mr. Jimmy Carter, who served as a case history informant. Mr. Carter was particularly concerned with prolongations and stuttering in James' speech. Mr. Carter reported no family history of stuttering. Since the major parental concern was with speech fluency, the major portion of the evaluation concentrated upon James' fluency and stuttering.

HISTORY INFORMATION

Mr. Carter indicated that pregnancy and James' birth were without complications. James had a history of frequent middle ear infections, but Mr. Carter reported his general health had otherwise been good. Developmental milestones for sitting, crawling and walking were achieved at appropriate ages. Self-help skills such as toileting were also achieved on schedule. James' early speech and language development was also achieved at appropriate ages.

Mr. Carter first became concerned about James' disfluencies when he was three years of age. The most notable type of disfluency was the prolongation of the first sound in words. Mr. Carter noted that James' stuttering becomes worse in sentences, when he is excited, and when he hurries to talk. He also said that his stuttering seems to come and go, and he has reported improved fluency while James is in school. Mr. Carter described James' disfluencies as dragging out sounds (prolongation) and repeating the first sound at the beginning of words. He added that James sometimes closes his eyes during moments of disfluency. According to Mr. Carter, James does not appear to block, he never abandons his speech attempts, and does not avoid any speaking situations. Mr. Carter has also noticed that James is aware of his disfluencies and/or stuttering, and has indicated that he is embarrassed by it. James was said to be most fluent at school and most disfluent at home, when excited, or in a hurry. Mr. Carter was especially concerned about James' fluency worsening because he is now talking in longer, more complex sentences. Although James' stuttering is said to be variable, Mr. Carter stated that James' fluency and disfluencies during this diagnostic were representative of his speech.

EVALUATION RESULTS

FLUENCY: James' disfluencies were observed during informal observation. James' conversational speech was elicited through various play activities, which included playing with cars and puzzles. During play, James' exhibited several different types of disfluencies. These

included: initial sound (e.g., “d-d-do it again”) and syllable repetitions (e.g., “le-le-lets do it again”) of words, whole word repetitions (e.g., “we, we, we have some hamburgers”), and sound prolongations (e.g., “Heee’s gotta go”). James did not seem aware of his stuttering events and they were not accompanied by any concomitant behaviors. A speech sample revealed that out of 317 words, there were a total of 33 disfluencies (10.4%). The disfluency types exhibited during James’ conversational speech, particularly his repeated use of prolongations (13/33), negatively affected his intelligibility.

LANGUAGE/ARTICULATION: James’ language and articulation skills were screened using the Fluharty Preschool Speech and Language Screening Test (Fluharty). Results revealed that James’ sound production skills are appropriate for his age and gender. However, James’ scores on the Comprehension and Repetition subtests fell below age expectations. Additional language testing may be helpful in assessing James’ expressive and receptive skills more accurately.

VOICE: All parameters of voice, including pitch, quality and loudness, were judged to be appropriate for James’ age and gender.

ORAL EXAMINATION: The oral mechanism was judged structurally and functional adequate for speech production purposes.

HEARING: James passed a pure-tone hearing screening at 20 dBHL at 1000, 2000 and 4000 Hz, bilaterally. Tympanometry revealed normal middle ear compliance with negative pressure bilaterally.

BEHAVIORAL OBSERVATIONS

James was cooperative and interacted well with the clinician during the evaluation. He was very attentive and able to remain on task. James enjoyed playing with the clinicians and his father.

IMPRESSIONS/PROGNOSIS

James’ conversational sample revealed disfluencies consistent with behaviors associated with a person at risk for chronic stuttering. Intervention now will attempt to reduce the chance that James will continue to exhibit disfluent behaviors later in his life. His good behavior and attentiveness make James an excellent candidate for speech therapy.

RECOMMENDATIONS

It is recommended that James be enrolled in speech therapy. Options for obtaining these services include Mobile County Public Schools, local hospitals, private practices, or this clinic. Mr. Carter expressed interest in this clinic and was placed on the waiting list. It is also recommended that James’ parent/caretaker track James’ speech, noting situations when his speech is particularly fluent and/or disfluent.

Marilyn Monroe, B.A.
Graduate Student Clinician

Mandy Williams, Ph.D., CCC/SLP
Speech-Language Pathologist

Cc: Parents