

SAMPLE: VERY YOUNG CHILD LANGUAGE
(Space down seven spaces)

July 16, 1999

SPEECH AND LANGUAGE EVALUATION

NAME:	Brandon XXXXXX	D.O.B.:	11/02/96
PARENT:	Pamela XXXXXX	AGE:	2;8
ADDRESS:	824 Lynn Court Mobile, AL 36695	D.O.E.:	07/16/99
PHONE:	639-9169	REFERRAL:	Dr. Sumbul Shakoor
		PATIENT #:	XXXXXX0000

STATEMENT OF THE PROBLEM

Brandon XXXXXX, age two years eight months, was seen at the University of South Alabama Speech and Hearing Clinic for an evaluation of his speech/language skills. He was accompanied by his mother, Pamela XXXXXX, who served as informant during the case history interview. Mrs. XXXXXX expressed no real concern herself regarding Brandon's speech and language development, but was reportedly following up on a recommendation from Dr. Sumbul Shakoor at the USA Neonatal Developmental Follow-Up Clinic that a speech/language and hearing evaluation be conducted.

HISTORY INFORMATION

Mrs. XXXXXX stated that she experienced both spotting and uterine cramping during her pregnancy with Brandon. She related that Brandon was the result of a 25 week pregnancy, so he was approximately 12 weeks premature. According to a report from University of South Alabama Medical Center (USAMC), Mrs. XXXXXX was seen several days prior to Brandon's delivery with a viral syndrome and was placed on Ampicillin. On the date of Brandon's delivery, it was noted that Mrs. XXXXXX was admitted to Springhill Hospital in active labor and Brandon was delivered by Caesarean-section due to his breech presentation. APGAR scores were reportedly 1 and 4 at 1 and 5 minutes respectively. The USAMC report stated that Brandon was given Ampicillin and Gentamicin at Springhill and then transferred to USAMC for further care. Brandon's admitting diagnoses at USAMC noted: (1) prematurity (2) respiratory distress syndrome (3) suspected sepsis, and (4) congenital anemia. Since his birth, Brandon has been evaluated every six months at the USA Neonatal Developmental Follow-Up Clinic, according to his mother.

Mrs. XXXXXX indicated that she considers Brandon to be a generally healthy child. However, she did note that Brandon was admitted to the hospital in May of this year because of his being lethargic, pale, having a low grade temperature and because his respiration was elevated. Reportedly, a viral infection was determined to be the cause. Pressure equalization (PE) tubes were inserted in both ears on February 12, 1999, according to Brandon's mother, but he has reportedly had no ear infections since that time.

Developmental milestones of crawling, sitting and walking were delayed, but would be considered within normal limits when Brandon's prematurity is taken into consideration, according to Mrs. XXXXXX. She reported that he sat at approximately eight or nine months, crawled at approximately 10 months, and walked at 18 months. In reviewing self-help skills, Mrs. XXXXXX noted that Brandon can take his own clothes off and can put on his shirt and socks unassisted and can also feed himself without any assistance. Toilet training is reportedly in progress but has not been successfully attained.

When asked about Brandon's personality, Mrs. XXXXXX described him as happy and outgoing. She stated that he can be both easy and difficult to manage, and that this varies with

the situation. Mrs. XXXXXX related that she has found that "swatting him" and "taking things away from him" to be the most effective forms of discipline. No difficulties were noted in Brandon's relationship with other family members or friends, and Mrs. XXXXXX added that no one has any particular difficulty understanding Brandon's communication attempts.

Brandon was recently enrolled in KinderClub on Dauphin Island Parkway in March of this year, according to his mother. He reportedly attends KinderClub from 6:30 A.M. to 3:00 P.M. on the days Mrs. XXXXXX is at work. On the days she does not work, she takes Brandon to the daycare at 8:00 A.M. and he stays until 3:00 PM. Brandon stays with his maternal grandparents on other occasions (i.e., if Mrs. XXXXXX works late). While there, his aunt (who is also a kindergarten teacher) reportedly reads to Brandon and plays games with him. Mrs. XXXXXX also related that Brandon has relatives that he plays with while at his grandparents, and he interacts well with the children at the daycare.

Brandon began talking at a somewhat later date than expected, with first words appearing at 17 months and word combinations at 25 months, according to his mother. Although she indicated that his speech can be difficult to understand, she has noted an improvement in this over the past several months. He uses a combination of gesture and speech when communicating, but has begun to use gesture less frequently. When asked about the presence of speech/language problems in regard to other family members, Mrs. XXXXXX stated that her brother "cluttered" his speech when he was younger, and that this brother's son received speech therapy through this clinic three or four years ago.

To supplement information gained from direct evaluation of Brandon, the Receptive-Expressive Emergent Language Scale-2 (REEL-3) was administered with his mother as informant. These results suggested his Receptive Language Age to be 28 months and Expressive Language Age at 24 months for a Combined Language Age of 26 months.

EVALUATION RESULTS

BEHAVIORAL OBSERVATIONS

Brandon separated easily from his mother and quickly warmed up to the clinicians. He was socially responsive and cooperative throughout the evaluation. He particularly enjoyed his play with toy cars and trucks.

ARTICULATION/PHONOLOGY: Due to Brandon's expressive language delay, formal articulation assessment was not indicated. Informal observation of utterances revealed several intelligible single syllable words (e.g., cup, ball). The majority of words produced were consonant-vowel combinations. The following consonants were noted: /b, p, t, d, w, h/. Intelligibility decreased when Brandon attempted to combine words.

LANGUAGE: The Rossetti Infant-Toddler Language Scale (Rossetti) was administered to evaluate Brandon's receptive and expressive language skills. Brandon's performance on the Language Comprehension portion of the Rossetti evidenced a basal level (all items in the developmental area were correct) of 21 to 24 months. Brandon also demonstrated appropriate comprehension concepts at the 24 to 30 month age level with the exception of understanding size concepts (e.g., "Give me the big block.") and identifying four objects by function (e.g., "Show me the one we use to eat with."). Brandon experienced difficulty with regard to the tasks on the 30 to 33 month age level (e.g., understanding five action words, following two-step unrelated commands, and understanding the concept of "one" and "all").

Brandon's expressive performance resulted in a basal age of 24 to 27 months. All items, with the exception of naming one color, were scored correctly for the age level of 27 to 30 months. Results evidenced that Brandon experienced significant difficulty with tasks from the 30 to 36

month age range. These tasks included answering "yes"/"no" questions, imitating a series of three numbers or unrelated words, using plurals, using verb forms, stating his first and last name, and counting. Overall results suggested an approximate expressive/receptive language functioning level of 24 to 30 months, which indicated abilities slightly below his chronological age of 32 months. Of note, Brandon was very verbal during the diagnostic session and consistently attempted to communicate with the clinician through both verbal and gestural means.

PRAGMATICS/PERSONAL/PLAY SKILLS: Brandon's pragmatic skills were informally assessed during the diagnostic session. He used vocalizations and gestures to request, greet, inform, and take turns. He also responded to several directions presented by the clinician and was attentive to many items. Brandon's play skills were also assessed using the Rossetti-Infant Toddler Language Scale. Results from this segment of testing indicated a performance age level of 30 to 33 months, which is within normal limits for Brandon's chronological age of 32 months.

VOICE/FLUENCY: All parameters of voice, including pitch, quality, and loudness were judged as appropriate for Brandon's age and sex. Rate and rhythm could not be assessed due to his limited, multi-word utterances.

HEARING: Tympanometry results were not obtained due to the recent placement of bilateral PE tubes in Brandon's ears. However, results from a complete audiological evaluation on March 5, 1999, at this clinic revealed normal hearing sensitivity from 250-4000 Hz for at least the better ear and probably both ears.

MOTOR: Informal observation of Brandon's fine and gross motor skills indicated no significant impairments. Brandon was observed to successfully throw and bounce a ball and to manipulate toys and blocks adequately.

IMPRESSIONS/PROGNOSIS

Brandon displayed a mild expressive/receptive language delay as evidenced by his performance on the Rossetti Infant-Language Toddler Scale. These results were in good agreement with the scores obtained on the REEL-2, the parent questionnaire completed by his mother. Results further indicated appropriate play and motor skills for his chronological age. Brandon's social responsiveness and his mother's ability to stimulate his language skills were seen as positive prognostic indicators.

RECOMMENDATIONS

Formal therapeutic intervention does not appear warranted at the present time. Mrs. XXXXXX reported that significant developmental improvements have been noted in the last few months in regard to Brandon's communication skills. It was also observed during the evaluation that Mrs. XXXXXX demonstrated appropriate parallel play and labeling skills when she interacted with Brandon. She was encouraged to continue these measures as a means of facilitating continued changes in Brandon's language skills. Continuation in the day care program was encouraged, as was the language stimulation activities with mother and aunt. It was recommended that Brandon's language skills be re-evaluated in six months to determine further developments.

Richard Morris, B.S.
Graduate Student Clinician

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Speech-Language Pathologist

cc: Parents
Dr. Shakoor