

# Speech Sound Production and Use Assessment Summary

Date: \_\_\_\_\_

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Age:	
SLP:		Communication Assessment:	

## 1. INTELLIGIBILITY

a. Clinician's judgment of connected speech intelligibility:	
<input type="checkbox"/> intelligible	<input type="checkbox"/> occasionally unintelligible and/or noticeably in error
<input type="checkbox"/> frequently unintelligible	<input type="checkbox"/> unintelligible or only intelligible when the listener has knowledge of the context
b. Clinician's judgment of connected speech intelligibility:	
<input type="checkbox"/> conversation with clinician	<input type="checkbox"/> classroom observation
<input type="checkbox"/> other, specify:	

## 2. SOUND SYSTEM

Standardized test(s) administered	Date	SD	Percentile	SS

Comments:

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## 3. ERROR TYPE

a. Sound errors or phonological processes typical of a child of younger age (list):
b. Unusual or atypical sound errors or phonological processes (list):



Student's Full Name:		SSID:	
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c. Phonetic Inventory (an X indicates the sound is not present in any context):

<input type="checkbox"/>	<u>p</u> encil	<input type="checkbox"/>	<u>t</u> oe	<input type="checkbox"/>	<u>f</u> an	<input type="checkbox"/>	<u>s</u> end	<input type="checkbox"/>	<u>th</u> in	<input type="checkbox"/>	<u>k</u> ey	<input type="checkbox"/>	<u>p</u> ath
<input type="checkbox"/>	<u>b</u> e	<input type="checkbox"/>	<u>d</u> uck	<input type="checkbox"/>	<u>T</u> V	<input type="checkbox"/>	<u>z</u> oo	<input type="checkbox"/>	<u>th</u> en	<input type="checkbox"/>	<u>b</u> ib	<input type="checkbox"/>	<u>h</u> op
<input type="checkbox"/>	<u>m</u> an	<input type="checkbox"/>	<u>g</u> o	<input type="checkbox"/>	<u>r</u> un	<input type="checkbox"/>	<u>sh</u> ip	<input type="checkbox"/>	<u>j</u> ump	<input type="checkbox"/>	<u>ch</u> air	<input type="checkbox"/>	<u>d</u> og
<input type="checkbox"/>	<u>n</u> ose	<input type="checkbox"/>	<u>k</u> ite	<input type="checkbox"/>	<u>h</u> er	<input type="checkbox"/>	<u>ch</u> ip	<input type="checkbox"/>	<u>pleas</u> ure	<input type="checkbox"/>	<u>bed</u>	<input type="checkbox"/>	<u>toe</u>
<input type="checkbox"/>	<u>h</u> ouse	<input type="checkbox"/>	<u>l</u> eaf	<input type="checkbox"/>	<u>w</u> et	<input type="checkbox"/>	<u>ring</u>	<input type="checkbox"/>	<u>hat</u>	<input type="checkbox"/>	<u>foot</u>	<input type="checkbox"/>	<u>bye</u>
<input type="checkbox"/>	<u>wh</u> o	<input type="checkbox"/>	<u>bo</u> y	<input type="checkbox"/>	<u>n</u> ut	<input type="checkbox"/>	<u>cow</u>	<input type="checkbox"/>	<u>head</u>	<input type="checkbox"/>	<u>way</u>	<input type="checkbox"/>	<u>again</u>
<input type="checkbox"/>	<u>n</u> o	<input type="checkbox"/>	<u>y</u> es										

**Comments:**

**4. SPEECH MECHANISM STRUCTURE AND/OR FUNCTION**

<input type="checkbox"/> adequate for speech	<input type="checkbox"/> significantly affects speech
<input type="checkbox"/> mildly affects speech	<input type="checkbox"/> inadequate for speech

**Comments:**

**5. INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.):**