

Screening Tool

History – Parent Interview Questions:

1. Current Concern: Please tell me about your current concerns regarding your child's speech, including when they began.
2. Speech: Is your child's speech understandable to you, as well as others?
3. What sounds does your child make (consonants v. vowels) and have you noticed any sounds they have a particularly difficult time with?
4. Language: How does your child get their message across (e.g., gestures, words, phrases, etc.)?
5. Resonance: Does your child sound nasal? If so, please describe further. When did this begin?
6. Medical History: Please describe your child's medical history, including any congenital issues, treatments, diagnoses, surgeries, etc.
7. Developmental History: Has your child been hitting milestones, such as talking and walking, at about the same rate as their peers? Have you noticed any areas where they might be behind their peers?
8. Feeding: Does your child have any issues eating? How well do they manage liquids/dos it ever come out of their nose?
9. Airway: Does your child snore, produce noisy breathing or gasp for breath? If yes, please describe and include any potential allergies, asthma or congestion that may be involved.
10. Treatment History: Has your child ever been evaluated before today or are they receiving any therapy to date?

Oral Mechanism Exam:

1. Facial Observations:
 - a. Eyes – Are there any abnormalities in spacing between eyes or opening between eyelids? Presence of excess folds on upper eyelid?

- b. Ears – Are there any abnormalities in the shape or location?
 - c. Bones/Profile – Symmetry? Presence of maxillary retrusion? Mandible size appropriate?
2. Lips:
- a. Any physical abnormalities noted? Symmetry?
 - b. Bilabial closure at rest?
 - c. Have patient produce a sustained /i/ and /u/ (check mobility)
 - d. Motor – smile, pucker and alternate
3. Nose/Airway:
- a. Any physical abnormalities noted, such as flat bridge? Symmetry?
 - b. Have patient breathe through their nose for 2-3 minutes
 - c. Have patient close one nostril and forcibly breathe through the other on both sides
 - d. Have patient produce a prolonged /m/ (check nasality)
4. Tongue:
- a. Any physical abnormalities noted, specifically relation to alveolar ridge?
Appropriate size?
 - b. Assess for tongue thrust – scratch tip of tongue and then have them drink water.
Have patient report tongue movement
 - c. Check for tongue tie – have child produce /l/ and /θ/
 - d. Motor - tongue tip up/down, left/right
5. Dentition:
- a. Any physical abnormalities noted, such as crossbite, overbite, etc.? Symmetry?
 - b. Relationship of maxilla and mandible appropriate?
 - c. Assess oral hygiene
6. Tonsils:
- a. Any physical abnormalities noted? Symmetry?
7. Palate, Velum, Uvula:
- a. Any physical abnormalities noted? Symmetry?

- b. Feel top of the gum area for fistula
- c. Check hard palate for fistula
- d. Have patient puff cheeks (check velopharyngeal closure)

Speech Assessment:

1. Single Sounds:

- a. Have patient produce all necessary phonemes in isolation to assess for correct production (plosives and affricates can be in syllables)
- b. Test for nasal emission – compare /a/ and /i/ to determine hypernasality on high v low vowels

2. Syllable Repetition:

- a. Have patient repeat each speech sound in both initial and medial position in syllable to further assess production in isolation
- b. Test for nasal emission – compare /pa/ and /pi/

3. Sentence Repetition:

- a. Velopharyngeal function
 - i. Popeye plays in the pool
 - ii. My mommy made lemonade
- b. Hypernasality
 - i. How are you
 - ii. They are here
- c. Hyponasality
 - i. Many men are at the mine
 - ii. Ned made nine points in the game

4. Counting:

- a. Can assess connected speech by counting from 60 to 70
- b. Counting from 70 to 79 can assess nasals followed by alveolar plosive
- c. Counting from 90 to 99 can assess nasal sounds