After the Diagnostic Session(s)

Analysis Stage:

After the diagnostic sessions are complete you will need to score tests, transcribe language samples, analyze the samples, review video tapes, etc. before you can draw conclusions regarding your client's diagnosis. Be sure to do the following before meeting with your clinical educator to discuss the data:

- ☐ Score all tests.
- ☐ Transcribe all language/speech samples.
- ☐ Complete language/speech sample analysis.
- ☐ Review video or audiotape of the sessions.

Post Diagnostic Staffing

Analysis Stage:

The purpose of the post-staffing meeting is to discuss the diagnosis and recommendations based on the assessment data. You should meet with your team members and your clinical educator. **It is inappropriate for students to come to a staffing meeting unprepared to discuss the case.** At the post-staffing meeting students should discuss the following:

- ☐ Discuss assessment results with your clinical educator.
- ☐ With your clinical educator, decide on/confirm feedback, recommendations, referrals, etc., that you feel are appropriate for your client.
- ☐ Role-play discussing test results, diagnosis, and recommendations with the parent.

Meet with the Parent(s)/Caregiver

Post Production Stage:

Meet with the parent/caregiver without the client present (unless the client is an adult) to discuss assessment results, diagnosis, recommendations, etc. Remember the following:

- ☐ Return to parent(s)/client and provide feedback and make recommendations; be sure follow-up contacts are agreed upon and clear (VERIFY MAILING ADDRESS FOR PURPOSES OF MAILING THE DIAGNOSTIC REPORT). Be sure to tell the parents if they have any questions to please call us. There are business cards available at the receptionist's desk.
- ☐ If the client/parent wants a copy of the report to be sent to any outside agencies, the client/parent must sign a Request for Release of Information form for each agency. This form is available at the receptionist's desk (also on the LU clinic website).

Following the Meeting

Post Production Stage:

You will be expected to write a report documenting the diagnostic. You are expected to write the report as a team (if applicable). Remember the following:

- ☐ Review diagnostics section of the LU clinic handbook. You will find a template and an example of a diagnostic write-up. You are to use the template as a guide when writing your report.

 Staff to discuss results with your team and your clinical educator.
 Write the report, which is due no later than 4 days from the final diagnostic session (unless told otherwise by your clinical supervisor).
 Proofread the report, checking carefully for spelling, grammar, formatting, and content.
 Submit the report to your clinical educator. The clinical educator will edit it and return it via your mailbox/email or will arrange a meeting with you to go over revisions. Check with your clinical educator as to the specific procedures to be followed.
 Revise the report based on clinical educator suggestions.
 Submit the revision to your clinical educator within 2 days, along with the original draft.
 Once all revisions have been made and report is approved, print two copies on LU letterhead (available in the clinic office). Sign reports. Have supervisor sign reports.
 Finalize the file ensuring all forms needed are in place when final draft of report has been approved and signed.
 DON'T INADVERTANTLY BREACH HIPAA! DOUBLE CHECK THAT THE ADDRESS YOU HAVE TYPED ON THE REPORT IS CORRECT! Then, Submit file to the clinic secretary, who mails the report to the client/parent and any others indicated.

After a Diagnostic Session

Upon completion of a diagnostic session, the following steps are to be taken by the student clinician(s):

1. Return clinic file to the front office.
2. All diagnostic materials need to be returned to the lab monitor or front office if the lab monitor is not available.
3. Audiometer needs to be returned to the closet in the Audiology suites.
4. **Immediately following the diagnostic you must fill out the client disposition form and turn it in to the Scheduling Coordinator.**
5. Fill out the **minute log** immediately following the diagnostic and be sure to include the **ICD-9 code** (see Fees Handbook 3) that can be found at the back of the minute log. The secretary will need this code for billing.
6. A first draft of the speech and language evaluation report and completed test forms, as required by the faculty supervisor, should be given to the supervisor no later than **4 DAYS** after the diagnostic session. Some supervisors may make additional requests regarding report deadlines. The supervisor will read and edit the first draft and return it to the student clinician(s). The student clinician(s) will then schedule a conference with the supervisor if deemed necessary to discuss suggested changes in the draft.
7. After the conference, the student clinician(s) will begin the process of constructing an acceptable report, with the final draft due in the supervisor's mailbox no more than 4 DAYS after the conference mentioned in section 3 above. Each supervisor will give you specific timelines. **However, the final draft should be on file no later than 2 weeks following the evaluation.**

8. Be sure that the test score sheets or protocol for each examination administered is properly completed and included in the client's file. The supervisor and clinician will insure that the report is typed properly and that the client's file is complete. In addition, the clinician will be sure that copies of the report are sent as requested to other professionals authorized by the client to receive them. This may require use of the fax machine located in the front office. Fax number: 409.880.2265.

9. Upon final approval of the draft, the report is then printed on LU letterhead. PRINT TWO COPIES ON LETTERHEAD. When the supervisor judges the final report complete and accurate, signatures of both the clinician and supervisor are affixed and the reports are given to the Clinic Secretary who mails one copy to client/parent and places the other copy in the client's file.

Instructions for Diagnostic Reports

Headings and Identifying Information:
These should be positioned and listed as shown on the "Report Heading Format" section.

REASON FOR REFERRAL: This section should include when the client was referred, by whom, and for what reason.

PERTINENT HISTORY: Include pertinent birth, medical, developmental, educational, speech-language, and social history. Identify with whom the client lives, occupation (if an adult), and the presence of family history of disability, if appropriate.

ASSESSMENT RESULTS:

Test Behavior: An objective description of the client's behavior including attention, distractibility, motivation, cooperativeness, and/or physical condition.

Test Data: List all tests administered and report the following information (as applicable) in table format: raw scores, standard scores, composite scores/quotients, and percentile ranks.

Skill Areas: This section provides an analysis of the client's performance, including interpretation of the test scores listed previously. The headings/organization of skill area discussion will vary according to disorder and salient client characteristics. As a general rule, this section should not be organized solely on a list of the subtests as presented in the previous table.

Other Pertinent Data: This section should include information about relevant areas of assessment such as oral-motor examination or hearing screening. Information should be as detailed as necessary based on client characteristics.

SUMMARY AND IMPRESSIONS: This section should pull together the assessment results discussed in the body of the report. Summary should include mention of both strengths and weaknesses in client profile. Provide clear statements of diagnosis, severity rating, and prognosis (as appropriate).

RECOMMENDATIONS: State whether or not intervention is recommended. If so, give an indication of the type and frequency of therapy needed. If appropriate, specific recommendations for goals and objectives to be addressed during intervention can be provided. Include recommendations for additional testing or referrals as appropriate.

The content of diagnostic reports may vary considerably based on disorder and client profile. See following pages for examples. Additional sample reports will be provided to students as needed.

Lamar University Letterhead
(obtain from front office)

Speech & Language Evaluation

Name: XXX YYY
Parents: Amy and Scott YYY
Address: 123 Speech Ave.
Anywhere, HI 90554
Phone: 555-000-0000
Date of Evaluation: 07/2/07
ICD-9: 389.7
Date of Birth: 12/x/99
Age: 7 years, 7 months
Gender: Male
Graduate Clinician: Rachel ZZZ, B.S.
Clinical Supervisor: Jane Smith,
M.S., CCC-SLP

Statement of Problem:
XXX YYY, a 7 year, 7-month-old male, was evaluated at the Lamar University Speech and Hearing Clinic on July 2, 1905 because of his parent's concerns with his language expression and comprehension. Although XXX received services from his speech language pathologist at Blank Elementary in Cruiz Independent School District (CISD), XXX's parents expressed the need for an additional comprehensive language evaluation. XXX's parents and teachers have noted that XXX often does not understand what is said to him in the classroom setting.

Pertinent History:
Information pertinent to XXX's development was obtained through a case history report and an interview with Mr. YYY, which took place at the time of the evaluation. Mr. YYY reported that although there were some problems experienced during birth, XXX's developmental milestones were met according to age appropriate norms.
According to Mr. YYY, XXX began to babble at 10 months of age, but did not produce his first words until 2 years of age. At four years of age, XXX began to produce short phrases and sentences. Mr. YYY reported that XXX will often become silent when his communication attempts fail. Another strategy XXX utilizes is to allow his three-year-old sister to speak for him because her speech is better understood by others. Mr. YYY also reported that XXX has a substantial fear of being unsuccessful and will often not attempt to complete challenging assignments. Mr. YYY explained that when given verbal and emotional support, this becomes less of an issue for XXX.

Mr. YYY reported that XXX's language difficulties were brought to their attention by XXX's kindergarten teacher. Mr. YYY explained that XXX has problems with all subjects that are mediated by complex language such as reading, writing, and complicated math word problems. In addition, XXX has difficulty with understanding directions given orally in the classroom setting. Mr. YYY reported that XXX can become easily distracted at home and in the school setting, but once he is focused he is able to complete what is asked of him.

During the 2006-1905 school year, XXX received the following services at Blank Elementary: assistance from parent educators, weekly sessions with a speech language pathologist, and reading assistance provided by a reading specialist. Mr. YYY reported that although the services have been helpful, he believes that the frequent transition periods from one service/teacher to the next has been difficult for XXX. Mr. YYY expressed concerns with XXX's somewhat erratic routine in school and felt that a smaller classroom with one primary teacher and a consistent daily schedule would be more beneficial for him. They are currently considering enrollment in St. Christopher Catholic School in Honolulu, HI that provides small class sizes, more individualized instruction, and a more diverse student body.

With regards to social skills, Mr. YYY reported that XXX does not have any trouble interacting with peers in the neighborhood and seems to prefer spending time with older children.

ASSESSMENT RESULTS

Test Behavior

XXX presented as a pleasant but reserved child during the evaluation. He particularly enjoyed manipulating items throughout the session and the sports-themed breaks. He tolerated the standardized testing well. When XXX experienced some difficulty with a task, he tended to decline to respond or even guess. With some encouragement and verbal prompting from the examiner, XXX was able to complete a core language test battery. Results from formal and informal evaluations, are felt to be a fairly accurate representation of XXX's speech and language abilities.

Test Data

Clinical Evaluation of Language Fundamentals- Fourth edition (CELF-4):
CELF Core Langue: (Mean= 100, Standard Deviation= 15)
CELF Subtests: (Mean= 10, Standard Deviation= 3)

CELF Subtest	Raw Score	Standard Score	Percentile
Formulated sentences	2	1	0.1
Word Structure	9	1	0.1
Concepts and Following Directions	7	1	0.1
Recalling sentences	19	3	1
Number Repetition Forward Backward	 6 4	 7 11	 29 63
Core Language Score	6	44	0.1

Test of Pragmatic Language (TOPL):

Raw Score	Percent Correct
14/24	58

Expressive Vocabulary Test- Second Edition (EVT-2):
(Mean= 100, Standard Deviation= 15)

Raw score	Standard score	Percentile
70	83	13

Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4):
(Mean= 100, Standard Deviation= 15)

Raw score	Standard Score	Percentile
89	81	10

Spontaneous Language Sample:

Measure	Total
Mean Length of Utterance	334/75 = 4.45
Type Token Ratio	112/301 = .37

Skill Areas

Semantics: XXX's understanding of single word meanings was measured through administration of the PPVT-4. This task required XXX to listen to a single word spoken by the clinician and then point to the correct picture from a field of 4. His standard score of 81 corresponds to a percentile rank of 10 and falls slightly more than one standard deviation below the mean score for his chronological age. On the Concepts and Following Directions subtest of the CELF-4, XXX demonstrated marked difficulty understanding spoken directions of increasing length and syntactic complexity (e.g., "Point to the shoe before you point to the houses") as indicated by his standard score of 1 and corresponding 0.1 percentile rank. Multiple repetition of the stimulus sentence resulted in a slightly improved performance. Despite these difficulties, XXX demonstrated the ability to understand important spatial concepts (e.g. next to, first, etc.) when the oral directions were presented in shorter and less syntactically complex forms.

XXX's expressive semantic abilities were assessed at the single-word level via administration of the EVT and at the connected speech level via analysis of a spontaneous language sample. The EVT required XXX to name or provide synonyms for pictured objects. His standard score of 83 and percentile rank of 13 fall one standard deviation below the mean and represent the lower end of the average range of performance for his chronological age. Semantic skills in connected speech were measured using a Type-Token ratio (TTR) analysis on Roahnn's 75-utterance language sample. XXX used a subset of generic words multiple times throughout the sample (e.g., "I don't know"). The degree of variability in vocabulary usage for typically developing children between the ages of three and eight generally results in a TTR score of .45-.50. XXX's TTR score was calculated to be .37, which is slightly below average and is congruent with his single-word EVT score.
Test results and observations are indicative of low average to mildly impaired ability to process and encode word meaning at the level of single words as well connected speech.

Syntax and morphology

The stimulus items on the *Concepts and Following Directions* subtest of the CELF assessed XXX's ability to interpret morphological information (e.g., plurals, superlatives) embedded in increasingly longer and more complex sentence structures. XXX's standard score of 7 and percentile rank of 0.1 are indicative of significant difficulty in processing morpho-syntactic information presented verbally. While XXX was able to successfully complete two step directions involving spatial concepts when they were presented simply and slowly as separate entities (e.g., "Point to the fish and then point to the blue house"), he demonstrated consistent difficulties when the directions contained spatial concepts that were presented together in longer and more complex utterances such as "Point to the ball between the houses and to the last car in the row." He generally responded by pointing to the last item in the sequence (e.g., last car in row).

The *Word Structure* subtest of the CELF-4 measured XXX's ability to use grammatical rules while labeling pictures. An item analysis of his errors on this task indicated that he had trouble with the following structures: regular plural (e.g., books, horses), irregular plural (e.g., mice), third person singular (e.g., reads, flies), noun derivations (e.g., singer), possessive pronouns (e.g., yours), future tense (e.g., will slide), comparative and superlative (e.g., faster, fastest), adjective derivation (e.g., lucky), subjective pronouns (e.g., she, they), and irregular past tense (e.g., drew). XXX demonstrated success on items featuring the following morphosyntactic structures: possessive nouns (e.g., Paula's), contractible copulas (e.g., she's), auxiliary + ing (e.g., the boy is eating), regular past tense (e.g., climbed), and uncontractible copula (e.g., she is). He often produced answers that made sense relative to the item, but did not contain the desired syntactic form. This performance pattern may have been influenced by task format characteristics. For example, when the stimulus item was intended to elicit the superlative form of fast (i.e. fastest), XXX responded with "winner" which was semantically correct, but did not follow the format of previous practice items.

The CELF-4 *Recalling Sentences* subtest also assessed XXX's ability to produce syntactically and morphologically correct sentences. He was generally able to repeat simple sentences spoken by the examiner (e.g., "The tractor was followed by the bus"), but his performance deteriorated significantly as the sentences became longer and more syntactically complex (e.g., "The girl stopped to buy some milk, even though she was late for class"). Performance on the *Formulated Sentences* subtest of the CELF-4, which measured XXX's ability to produce grammatically correct sentences using given words based on specific pictures, yielded a percentile rank of 0.1 based on a standard score of 1. This is indicative of significant difficulty in the encoding of morpho-syntactic structures (e.g., when presented with a picture and the word "gave," XXX produced the sentence "I want some oatmeal"). Once again, he showed a pattern of answering in ways that were semantically appropriate, but not relevant to the instructions or practice items administered at the beginning of the task. XXX struggled with this task format even when the examiner presented the target word in writing and gave verbal prompts such as "What are they doing in this picture?" and "Remember to include the word."

Additionally, XXX's spontaneous speech sample was analyzed for the presence of grammatical morphemes and sentence structures. The following forms were present in the sample: present progressive —ing (e.g., is walking), -s plurals (e.g., toys), contractible copula (e.g., that's, it's), 3rd person regular present tense (e.g., it walks), and the preposition "on." It should be noted that three forms which were problematic during standardized testing were observed during XXX's spontaneous productions (e.g., regular plurals, third person singular, and future tense verbs). This pattern supports other observations of XXX's difficulty in identifying/maintaining task format parameters.

Pragmatics

Pragmatics describes how language is used to interact effectively and be socially appropriate with others. XXX seemed to understand social routines, as he appropriately responded to greetings, observed conversational turn taking rules, maintained eye contact, and responded to requests for clarification during the evaluation. Formally, the Test of Pragmatic Language (TOPL) was administered as a measure of XXX's ability to use language in a socially appropriate way. Due to time constraints, the entire test could not be administered which resulted in the inability to use the norm-referenced scores. Based on an informal analysis, XXX was able to respond correctly to approximately 58% of the items on this measure. This assessment tool includes a lengthy, syntactically complex set of directions that the examiner presents verbally. The redundancy of information contained in these directions did not seem to aid XXX's understanding of the task. He did seem to benefit from having the directions summarized and presented multiple times. Based on his performance with this measure and an informal analysis of his expressive language sample, XXX's overall pragmatic language abilities were deemed to be within normal limits and appropriate for his chronological age.

Auditory/ verbal working memory

XXX completed the *Numbers Forward* and *Numbers Backward* subtests of the CELF-4, which evaluated auditory/verbal working memory by assessing the individual's ability to repeat increasingly longer sequences of random numbers. XXX's standard score of 7 and percentile rank of 29 for forward repetition and standard score of 11 and percentile rank of 63 on backward repetition indicated that his performance is well within the normal range for his age group. This indicated that XXX has a sufficient ability to hold non-meaningful verbal information in his working memory. However, during today's evaluation, he consistently demonstrated difficulty with both processing and encoding tasks when meaningful linguistic stimuli are presented in longer/more complex utterances.

OTHER PERTINENT DATA

Hearing Screening

XXX passed a complete audiological evaluation completed a year prior to the current evaluation. Parents and teachers report no concerns about his hearing status.

Articulation

XXXs' ability to produce speech sounds was analyzed via his spontaneous language sample. No errors were noted and intelligibility was judged to be approximately 100%.

SUMMARY AND IMPRESSIONS

A number of standardized and non-standardized measures were used during today's session to assess XXX's speech and language skills. His articulation/speech sound production skills are judged to be age appropriate. However, XXX's overall language skills were consistently characterized by performance in the low average to below average range for his chronological age as evidenced by his CELF-4 Core Language standard score of 44 and corresponding 0.1 percentile rank. His ability to process and produce word meaning is considered a relative strength in his profile while sentence grammar and word structure abilities were judged to represent areas of weaknesses in XXX's linguistic repertoire. In the classroom, this overall profile may result in XXX demonstrating difficulty in understanding verbally presented directions of increasing length and syntactic complexity and also when he is required to produce well-formed sentences during academic tasks.

Overall, XXX's understanding of verbal input was facilitated by provision of directions and test items in written modality, as well as auditory. Additionally, he seemed to benefit when verbal instructions were summarized and presented multiple times. It is possible that some of the standardized test scores obtained during today's session may have slightly underestimated XXX's true abilities due to his apparent difficulty in identifying/maintaining task formats.

RECOMMENDATIONS

It is recommended that XXX receive speech and language services to improve his language comprehension and expressive skills. Twice-weekly therapy is recommended especially with his transition into grades where sufficient reading comprehension is critical to academic success.

Speech and language services are available at the Lamar University Speech and Hearing clinic, but services can also be received by XXX's home, school district or from a private speech-language pathologist. The American Speech Language Hearing Association (ASHA) will be able to provide contact information for private services, number is 1-800-638-8255, web address is www.asha.org .

Throughout today's assessment, XXX benefited from accommodations and alternative presentation of verbal information. The following are a list of accommodations that could be provided in the classroom environment to facilitate his academic success:

Classroom Strategies

1. Clearly stated verbal directions (simple and concrete)
2. Written directions if verbal directions are still being misinterpreted
3. Use multiple modalities (written, gestures, demonstration) when delivering information
4. Provide many model examples of target productions or behaviors
5. Provide verbal prompts to aid in correct response

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Claire Smith, B.S.
Graduate Clinician

_____

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Speech-Language Pathologist
Clinical Supervisor