Record and report forms for speech and hearing programs in Ohio are provided for the following areas: speech evaluation (including the articulation test, audiometric evaluations, peripheral speech mechanism and muscle coordination, voice, skill of expression, classification of speech problem, related data, and remarks and recommendations); otolaryngologist's report; report of laryngoscopy; speech therapy log; conference report; and final case summary. Also included are forms for space and equipment inventory, results of speech survey within the school, report of coordination activities, periodic report to superintendent, semi-annual progress report to the superintendent, teacher request for speech and hearing evaluation, report of the evaluation, classroom teacher's evaluation of speech progress, and periodic report to parents. A long case history form is not offered, but left to the speech therapist to develop. A bibliography cites six guides or texts for therapists and five diagnostic tests. (JD)
BASIC RECORD AND REPORT FORMS FOR SPEECH AND HEARING PROGRAMS IN OHIO

Issued by

Martin Essex
Superintendent of Public Instruction

OHIO DEPARTMENT OF EDUCATION
COLUMBUS, OHIO
1967
PUBLIC SCHOOLS

SPEECH EVALUATION

Name ___________________________ Birthdate ___________ Age ___ Sex ___

School ___________________________ Grade ___________ Room ___________

Parent or Guardian ________________ Address ______________ Telephone ___________

Father’s Occupation ________________ Mother’s Occupation ___________

I. Articulation Test

Date: ___________ Examiner _______________

Type of Test: Picture_____ Sentence_____ Other: ______________________

<table>
<thead>
<tr>
<th>Consonants:</th>
<th>I</th>
<th>M</th>
<th>F</th>
<th>Comments</th>
<th>Blends:</th>
<th>Comments</th>
<th>Comments</th>
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<td>tl</td>
<td>Vowels:</td>
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<td>kr</td>
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<td>&gt; (ball)</td>
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<td>skr</td>
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<td>U (book)</td>
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<td>spr</td>
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<td>u (moon)</td>
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<td></td>
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<td>str</td>
<td></td>
<td>ju (new)</td>
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<td>r</td>
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<td>æ (nose)</td>
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<td>ð</td>
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<td>thr</td>
<td></td>
<td>ð (cow)</td>
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<td>ð</td>
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<td></td>
<td></td>
<td>sk</td>
<td></td>
<td>ð (cake)</td>
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</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
<td></td>
<td>skw</td>
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<td>ð (tie)</td>
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<td>n</td>
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<td></td>
<td></td>
<td>sm</td>
<td></td>
<td>ðI (boy)</td>
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</tr>
</tbody>
</table>

Note: Consonants listed in usual order of development according to West, Ansberry, Carr, Rehabilitation of Speech (third edition p. 60), Harper and Brothers, 1957.

Key: Record substitution errors with sounds substitute. Mark omission (-); Distortion (Dis.); Inconsistent (Inc.). Circle sounds when they are corrected.
II. Audiometric Evaluations:

Dates: ________________________________

Results: Is hearing normal? Yes___; No___

III. Peripheral Speech Mechanism and Muscle Coordination: (check one on each line)

Lips: normal___; cleft___; mobility___

Teeth: normal___; maligned___; spaced___; missing___; false___;
malformed___; supernumerary___

Jaw: normal___; open bite___; over bite___; under bite___;
cross bite___; mobility___

Tongue: normal___; large___; small___; asymmetrical___;
 mobility___

Hard Palate: normal___; cleft___; repaired___;
contour: flat___; deep and narrow___

Soft Palate: normal___; cleft___; repaired___; asymmetrical___;
 mobility___

Nasal Cavities: normal___; septum: deviated___; nasal occlusion:
right___; left___; nares constriction___

Breathing: normal___; uneven___; deep___; shallow___; rapid___

General Mobility of Oral Structures: ________________________________

_______________________________

IV. Voice: (check one in each line)

Quality: normal___; hoarse___; harsh___; breathy___; nasal___;
denasal___

Pitch: normal___; too high___; too low___; monotone___;
Pitch variability: adequate___; inadequate___
Intensity: normal\_; too loud\_; too soft\_; uncontrolled\_
   Variability: adequate\_; inadequate\_
Rate: normal\_; too rapid\_; too slow\_; uneven\_; monotonous\_

V. Skill of Expression:
General conversational speech:

Oral reading:

Expressive ability:

Receptive ability:

Speech adequacy:

VI. Classification of Speech Problem:
   _____ Articulatory         _____ Cerebral Palsy
   _____ Language Disorders   _____ Voice Disorder
   _____ Rhythm Disorders     _____ Impaired Hearing
   _____ Cleft Palate and/or Lip

Previous Speech Therapy:
Dates:
Results:

Speech Recordings Available?
VII. Related Data:

A. Defects of Vision:__________________________________________________________

B. School Achievement: Slow Learner__; Below average__
   Average__; Above average__; Grades repeated________

C. Name of Tests Given: (give dates and scores)

D. Gross Motor Coordination:________________________________________________

E. Fine Motor Coordination:_________________________________________________

VIII. Remarks and Recommendations:
Name of child: __________________________  Age _____  Parent: __________________________

Address: __________________________

Street  City  Zip Code

History of ear problem: ________________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Ear, Nose and Throat Examination: ____________________________________________________

__________________________________________________________

__________________________________________________________

Diagnosis: __________________________________________________________________________

__________________________________________________________

__________________________________________________________

Prognosis:  Stationary_____  Will Improve_____  Progressive_____  

__________________________________________________________

Was audiometric evaluation given? _____  Result: ______________________________________

__________________________________________________________

Medical Recommendation: __________________________________________________________________

__________________________________________________________

Should hearing aid evaluation be considered? _____________________________________________

__________________________________________________________

Please return to: __________________________  ___________________________  M.D.

Title: __________________________  Address: __________________________

Address: __________________________  Date of Examination: ________________
REPORT OF LARYNGOSCOPY

Name of Child: ___________________ Age: ___ Parent: _____________

Address: ________________________ Street _____________________ City Zip Code

Date of Examination: _____________ Type: _______________________

General Health and Appearance: __________________________________________

Diagnosis: ___________________________________________________________

Prognosis: ___________________________________________________________

Medical Recommendation: _____________________________________________

Should speech therapy be considered? _________________________________

Do you recommend periodic checks? ___________ When? _________________

Please return to: _____________________ _____________________________ M.D.

Title: ___________________________ Address: _______________________

Address: _________________________ Date of this report: _______________
SCHOOLS

SPEECH THERAPY LOG

Name:________________________________________

Classification of speech problem:________________________________________

Working on:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________

Date:________________________________________
SCHOOLS
Speech and Hearing Therapy

CONFERENCE REPORT

Participants:__________________________________________

__________________________________________

Type: Telephone____; School____; Home____

Initiated by:_______________________________________

_______________________________________

Purpose:___________________________________________

___________________________________________

Comments concerning the Interview:_____________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

Speech and Hearing Therapist _______________________

Date ____________________

8
SCHOOLS

FINAL CASE SUMMARY

Name: ______________________  School: __________  Grade: ______

Classification of Speech Problem: _________________________________

Hearing: Normal__ Recheck__ Referred__ Under Treatment__________

Comments: ____________________________________________________

________________________________________________________________

Voice: __________________________________________________________

________________________________________________________________

Fluency: _________________________________________________________

________________________________________________________________

Language Usage: _________________________________________________

________________________________________________________________

Number of Parent Conferences:  Telephone____ Home____ School_____

Number of Conferences with:  Teachers____; D’ncipal____; Nurse____;

Psychologist____; Other: __________________________

Cooperation of Child:  Cooperative___ Indifferent___ Uncooperative___

Cooperation of Parents:  Cooperative___ Indifferent___ Uncooperative___

Attendance:  Possible Days____ Days Present____ Days Absent_______

Summary of Treatment:  Number of Individual Sessions _____________

Number of Group Sessions _____________

Results: _________________________________________________________

________________________________________________________________

Recommendations:  Dismiss____; Recheck____; Retain_______________

________________________________________________________________

Speech and Hearing Therapist

_________________________  Date

9
PUBLIC SCHOOLS

Space and Equipment Inventory for Speech and Hearing Therapy

Name of School ____________________________ Principal ____________________________

Location of room to be used ____________________________ Size ____________________________

Will room be shared? No ___; Yes ___; If so, by Whom ____________________________

Days room is available (Circle)

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Are there interruptions? ____________________________ Explain ____________________________

Is room quiet? ____________________________ Explain ____________________________

Minimum equipment required under State Board of Education Standards:

5 Intermediate chairs (15-16 inch)

1 Intermediate height table to fit chairs

Therapist's Desk

Therapist's Chair

Bulletin Board ___; Chalkboard ___; Mirror ___ Size ___

Filing Cabinet ___; Tape Recorder ___

<table>
<thead>
<tr>
<th>Lighting</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement as Follows:</th>
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<tr>
<th>Ventilation</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement as Follows:</th>
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<tr>
<th>Heating</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement as Follows:</th>
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<tr>
<th>Electrical Outlet</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement as Follows:</th>
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<tr>
<th>Acoustics</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement as Follows:</th>
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Comments: ____________________________________________________________

________________________________________________________
Speech and Hearing Therapist

Approved for Service: By ____________________________ Date ____________
(Superintendent or coordinator of Speech Therapy Program)
Results of Speech Survey

Principal

School

On__________, a speech survey was made. The following is a statistical account of the findings:

Number of children_______
seen in survey

Number of children Mild______ Moderate______ Severe_______
with speech problems

Number enrolled in________
speech therapy

Distribution of children enrolled in speech therapy classes according to grade and type of problem:

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<tr>
<th>Problem</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1. Articulation</td>
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<td>2. Stuttering</td>
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<tr>
<td>3. Voice Disorders</td>
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<tr>
<td>4. Language Disorders</td>
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<td>5. Cleft Palate</td>
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<tr>
<td>6. Cerebral Palsy</td>
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<td>7. Hearing Impaired</td>
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Speech and Hearing Therapist

Date of this report:__________
SCHOOLS
Speech and Hearing Services
REPORT OF COORDINATION ACTIVITIES

Month ____________________________

First Week:

Second Week:

Third Week:

Fourth Week:

Speech and Hearing Therapist

Date of report: ___________________
| Therapist: ____________________________ | Date: ____________________________ |

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<tr>
<th></th>
<th>SCHOOL</th>
<th>SCHOOL</th>
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<tr>
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<td>Screened for Hearing</td>
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<td>Need Therapy</td>
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<td>Speechreading Enrollment</td>
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<td>On Waiting List</td>
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<td>Corrected</td>
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<td>Dismissed</td>
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<td>Parent Conferences</td>
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<td>Home Visits</td>
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<td>Classes Visited by Therapist</td>
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Meetings or Conventions attended:

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<tr>
<th>NAME</th>
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SCHOOLS
Speech and Hearing Therapy
Semi-Annual Progress Report to the Superintendent

NAME OF SCHOOL

NUMBER SCREENED FOR SPEECH

NUMBER NEEDING THERAPY (includes case load)

NUMBER ENROLLED:

___ Defects of Articulation
___ Language Disorders
___ Stuttering
___ Cleft Palate
___ Cerebral Palsy
___ Voice Disorders
___ Hearing Impaired

NUMBER ON WAITING LIST: Mild___ Moderate___ Severe___ Total___

PROGRESS OF THERAPY:

___ Corrected
___ Improved
___ No Improvement
___ Dropped or Transferred
___ Retained

RELATED DATA:

___ Medical Referrals
___ Psychological Referrals
___ Home Visits
___ Parent Conferences at School

OBSERVATIONS OF CLINICAL WORK BY:

___ Administrator
___ Parents or Guardians
___ Others

___ Talks at Meetings
___ Teacher Conferences
___ Telephone Conferences

Speech and Hearing Therapist

Date

14
SCHOOLS

REQUEST FOR SPEECH AND HEARING EVALUATION

Name of Child: ________________________ Age: _____ Grade: _____

My interpretation of the speech and/or hearing problem: __________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Check other significant information:

____ Poor reader

____ Avoids speaking in class

____ Appears tense and nervous

____ Inattentive in class discussions

____ Discipline problem

Teacher: _________________________

School: ________________ Room_____

Date: __________________________
REPORT OF SPEECH AND HEARING EVALUATION

To: ____________________________  School ____________________________

From: __________________________  Regarding __________________________

Grade: __________________________

Results of Speech Evaluation:

Result of Hearing Evaluation:

Suggested procedures for classroom teacher:

Recommendations:

Therapy recommended __________
Therapy now _________________
Waiting List _________________
No Therapy recommended _________________

Thank you for referring this child.

Speech and Hearing Therapist ____________________________

Date ____________________________

16
Child's Name: ____________________ Teacher's Name: ____________________

Grade: __________ Room __________ Please return to the speech therapist by __________

Current Problem: ____________________

__________

Improvement of speech when reading: Speaking:

1. No improvement 1. No improvement
2. Slight improvement 2. Slight improvement
3. Considerable improvement 3. Considerable improvement
4. Inconsistent 4. Inconsistent
5. Other 5. Other

Remarks: ____________________

__________

Signed: ____________________

Date: ____________________
PERIODIC REPORT TO PARENTS

Dear

__________________________ has attended speech class from ________________
to __________________________.

We have been working on:

Your child has/has not attended speech class regularly.

Progress in the above mentioned work has been:

Very satisfactory
Satisfactory
Fair
Slight

Co-operation has been:

Very good
Good
Fair
Poor

Suggestions for you:

__________________________ Speech and Hearing Therapist

__________________________ Date

18
LONG CASE HISTORY FORM

When minimum basic records are kept current, a long case history form is not practical for every child enrolled in public school speech therapy. For children with multiple or severe problems, or for making referrals to other services, additional information should be summarized on a long case history form.

Since speech therapists have had experience in their university preparation with this type of form, they may prefer to develop their own form.
BIBLIOGRAPHY

Basic Records and Reports for Public School Speech and Hearing Programs. State of Iowa, Department of Public Instruction, 1963.

Black, Martha E. Speech Correction in the Schools. Prentice-Hall, Inc. Englewood Cliffs, New Jersey. 1964

Darley, Frederick L. Diagnosis and Appraisal of Communication Disorders. Prentice-Hall, Englewood Cliffs, New Jersey. 1964

Irwin, Ruth B. Speech and Hearing Therapy (Textbook for Public School Speech Clinicians). Stanwix House, Pittsburgh 4, Pennsylvania. 1965


BIBLIOGRAPHY

Books

Basic Records and Reports for Public School Speech and Hearing Programs. State of Iowa, Department of Public Instruction. 1963


Darley, Frederick L. Diagnosis and Appraisal of Communication Disorders. Prentice-Hall, Englewood Cliffs, New Jersey. 1964

Irwin, Ruth B. Speech and Hearing Therapy (Textbook for Public School Speech Clinicians). Stanwix House, Pittsburgh 4, Pennsylvania. 1965


Forms from this text may be ordered from The Interstate Printers and Publishers, 19-27 North Jackson Street, Danville, Illinois 61832. 5¢ each, compact set $1.28


Diagnostic Tests


Templin, Mildred and Darley, Frederick. The Templin-Darley Tests of Articulation. Bureau of Educational Research and Service, Extension Division, State University of Iowa, Iowa City, Iowa. 1960