

Pediatric Clinical Swallowing Evaluation Template

Name:		ID/Medi	cal record num	ber:
• Date of exam:		Chronolo	ogical age:	
 Primary language of patient: 		Gestatio	onal age:	
 Primary caregiver 		Correcte	ed/adjusted a	ge:
 Primary language of caregiver: 		Interpret	ter? Yes	No
Referred by:		Family co	oncerns:	
Reason for referral:		Barriers	to learning:	
Related medical diagnoses and of the second se	dates of onset:			
Medical Diagnosis	ICD	-10	Date o	of Onset
Birth History Complications during pregnance	y:			
Delivery:				
Vaginal C-section (Reason:)	Single birth	Multiple b	irths:
Complications during delivery: _				
·	(s/days): NICU:			
Birth weight:				
APGAR SCORES: @ 1m:	@5m:	@10m:		
Other Birth History				
Current madigations:				
Current medications: Allergies:				
Allergies: Intubation history:				
Intubation history:Pain:				
 Current respiratory status 				

Templates are consensus-based and are provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Room	n air	Nasal cannu	ıla	
CPAP		Tracheostor	my (trach collar)	
Mech	anical ventilation	Use of Passy	/ Muir speaking va	alve
Feedin	g ability: (Comment if	necessary.)		
0	Breastfeeding:		Bottle feeding	:
0	Spoon from caregive	r:	Fingers (self):	
0	No spill cup:		Straw:	
0	Utensils (self):		Open cup:	
Sympto	oms reported by careg	iver: (Check all t	hat apply.)	
	Coughing frequency			Drooling
	Choking frequency			Pain on swallowing
	Frequency of gagging after eating			Frequency of food getting stuck
	Frequency of vomition	ng during		Weight loss
	or after eating			History of aspiration or
	Frequency of wet voc	cal quality		pneumonia
	during or after eating	5		Dehydration
				Problem behaviors when
	Difficulty swallowing	:		eating/drinking:
	☐ Foods Drin	ks		
	Difficulty with medica	ations		Sneezing
	Autonomic instability	,		Stress signals
	Fevers			Color change
	Other:			
	t diet: (Check all that a	pply.)		
NPO?				
	If yes, alternative nut			
		gastric tube		
		rostomy		
		ostomy		
		parenteral nutr	ition (TPN)	

Current Diet (based on the International Dysphagia Diet Standardization initiative [IDDSI])				
	Food consistency Drink consistency			
	Regular (level 7)	Extremely thick (level 4)		
	Easy to chew (level 7)	Moderately thick (level 3)		

Pleasure feeds only

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PO: Primary source of nutrition

Soft and bite-sized (level 6)	Mildly thick (level 2)	
Minced and moist (level 5)	Slightly thick (level 1)	
Pureed (level 4)	Thin (level 0)	
Liquidised (level 3)		

Feeding method: Independent in self-feeding Needs some assistance Dependent for feeding

Endurance during meals: Good Fair Poor Variable

Swallowing history

Number of meals/snacks per day: Avg length of meals/snacks:

Fed by: Sensory preferences: Feeding position: Additives/supplements:

Feeding Routine:

Mental status: (Check all that apply.)

Alert Responsive Cooperative Confused Lethargic **Impulsive** Uncooperative Combative

Unresponsive

Oral status

Dentition: WNL Missing teeth _____ Decay

• Cranial nerve examination findings:

Non-nutritive suckling response:

Impaired N/A Adequate

Signs of stress during assessment:

- Oral motor assessment
- Abnormal structures:

	Lips	Tongue	Jaw	Soft Palate
Observation at rest				
(WNL, edema,				
erythema, lesion,				
etc.)				
Symmetry				
Range				
Speed				
Strength				
Tone				
Involuntary				
movements				
Additional				
comments				

•	Auditor	y perceptual assessment of voice:
	0	Phonation characteristics (including phonation duration, voice onset, etc.):
	0	Vocal quality:
	0	Vocal loudness:
	0	Resonance:
•	Respira	tory sufficiency and coordination:
	0	Overall respiratory function:
		WNL Mildly impaired Moderately impaired Severely impaired
	0	Respiratory pattern:
		Abdominal Thoracic Clavicular Other
	0	Coordination of respiration with phonation (breath-holding patterns, habitual use of
		residual air, length of breath groups)
	0	Objective measures:
		 Maximal inspiratory/expiratory pressures
		 Peak cough strength
	o Add	litional comments:
•	Sensory	status:
	o Hea	rring status:
	o Visi	on status:
	o Tes	ting of mechano-sensation of face and oral cavity
	o Tes	ting of chemo-sensation (i.e., taste and smell)
	o Ass	essment of laryngeal sensations (dryness, tickling, burning, pain, etc.) and palpation, as
	indi	cated
•	Result	s of recent instrumental assessments of swallowing:
•	Swallo	w trials:
	0	Baseline vitals:
	Heart	rate Respiratory rate: O ₂ sats:
	0	Position during assessment:
	0	Factors affecting performance:
		None Impairment in following directions
		Impairment in task endurance Other:
		Impairment in mental status
		California de la Califo
	0	Saliva swallows:
		WNL Impaired Xerostomia Other:
		Pooling Hypoactive sensation
	0	Liquid trials:
	O	Fed by: Self Caregiver Clinician
		Feeding skills appropriate for age? Yes No
		recards skills appropriate for age. Tes

Liquid Trials

	Thin (Level 0)	Slightly Thick (Level 1)	Mildly Thick (Level 2)	Moderately Thick (Level 3)	Extremely Thick (Level 4) (Not typically recommended for children under 3)
Administered	Open cup	Open cup	Open cup	Open cup	Open cup
by (Check all	Cup with lid	Cup with lid	Cup with lid	Cup with lid	Cup with lid
that apply.)	Bottle (nipple	Bottle (nipple	Bottle (nipple	Bottle (nipple	Bottle (nipple
	type:)	type:)	type:)	type:)	type:)
	Spoon	Spoon	Spoon	Spoon	Spoon
	Straw	Straw	Straw	Straw	Straw
	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed
	Fed by	Fed by	Fed by	Fed by	Fed by examiner
	examiner	examiner	examiner	examiner	
Amounts /	ml in	ml in	ml in	ml in	ml in
duration:	mins	mins	mins	mins	mins
Response:					
Sucks / burst					
Fluid	Good	Good	Good	Good	Good
expression	Fair	Fair	Fair	Fair	Fair
	Poor	Poor	Poor	Poor	Poor
Jaw	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated
movement	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated
Tongue	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated
movement	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated
Anterior loss	Present	Present	Present	Present	Present
	Not Present	Not Present	Not Present	Not Present	Not Present
Volitional cough during trials?	yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat-clear during trials?	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials?	yes/no	yes/no	yes/no	yes/no	yes/no

Spontaneous	yes/no	yes/no	yes/no	yes/no	yes/no
throat-clear					
during trials?					
Swallowing	sec.	sec.	sec.	sec.	sec.
duration (from					
introduction of					
bolus to					
completion of					
pharyngeal					
stage)					
Therapeutic					
management					
strategies					
attempted and					
response					
(compensatory					
strategies,					
fatigue					
management					
strategies,					
environmental					
modifications,					
behavioral					
strategies,					
etc.)					

Solid Food Trials

	Regular	Easy to Chew	Soft and Bite-	Minced and	Pureed	Liquidised
	(Level 7)	(Level 7)	Sized	Moist	(Level 4)	(Level 3)
			(Level 6)	(Level 5)		
Administered	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork
by (Check all	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed
that apply.)	Fed by	Fed by	Fed by	Fed by	Fed by	Fed by
	examiner	examiner	examiner	examiner	examiner	examiner
Amounts:						
Response:						
Jaw	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated
movement	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated		

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	l	Uncoordinat	Uncoordinat
		ed	ed
Tongue Coordinated Coordinated Coordinated	Coordinated	Coordinated	Coordinated
Movement Uncoordinated Uncoordinated Uncoordinated	Uncoordinated	Uncoordinat	Uncoordinat
		ed	ed
Volitional yes/no yes/no	yes/no	yes/no	yes/no
cough?			
Volitional yes/no yes/no	yes/no	yes/no	yes/no
cough during	l		
trials?			
Volitional yes/no yes/no	yes/no	yes/no	yes/no
throat-clear	l		
during trials?	l		
Spontaneous yes/no yes/no	yes/no	yes/no	yes/no
cough during	l		
trials?	l		
Spontaneous sec sec.	sec.	sec.	sec.
throat-clear	l		
during trials?	<u></u> _		
Therapeutic			
management	l		
strategies	l		
attempted	l		
and response	l		
(compensato	l		
ry strategies,	l		
fatigue	l		
management	l		
strategies,	l		
environment	l		
al	l		
modifications	l		
, behavioral	l		
strategies,	l		
etc.)	l		

Co	mments			
•	Post-assessment vitals			
	Heart rate:	Respiratory rate:	O₂ sats:	

•	Result	s of standardized tests of s	wallowing:						
•	Result	s of evaluation:							
	0	Dysphagia diagnosis:							
	0	Severity:							
		Mildly impaired	Mildly to m	oderately impaire	ed Moderately impaired				
		Moderately to sever	rely impaired	Severely imp	paired				
	0	Contributing factors to sv	wallowing impai	rment:					
		☐ Reduced alertness or	attention		Impaired velopharyngeal				
		☐ Difficulty following di	irections		closure/coordination				
		☐ Reduced oral			Delayed swallow initiation				
		strength/coordinatio	n/sensation		Reduced laryngeal excursion				
		☐ Mastication inefficien	псу		Other:				
		☐ Impaired oral-pharyn	igeal						
		transport							
•	Progno	osis: Good	Fair	Poor. based	on				
•	Impact on safety and functioning: (Check all that apply.)								
No limitations									
☐ Risk for aspiration:									
		Risk for inadequate nutri							
•		nmendations:	tion, nyaration.						
•		rumental assessment?							
Yes—videofluoroscopic swallowing studyYes—fiberoptic endoscopic evaluation of swallowing									
		·	oic evaluation of	Swallowing					
		No	. Na						
Swallowing treatment? Yes No									
		et texture recommendation	115.						
	_	ods:	□ Facuta Ch	ove (Lovel 7)	□ Coft and Dita Sized (Lavel 6)				
		Regular (Level 7)	•	iew (Level 7)	Soft and Bite-Sized (Level 6)				
		Minced and Moist (Level 5) guids:) 🖪 Pureeu (Le	ever 4)	2 Liquidised (Level 3)				
		•							
		Thin (Level 0)							
		Slightly Thick (Level 1)							
	Mildly Thick (Level 2)								
	Moderately Thick (Level 3)								
		Extremely Thick (Level 4) [Not typically recommended for children under 3]							
	NPO with alternative nutrition method:								
		Alternative nutrition metho	-						
	(Other:							

0	Saf	afety precautions/swallowing recommendations: (Check all that apply.)						
		Supervision needed for all meals		Equipment specifics:				
		Requires 1:1 close supervision		Positioning				
		Requires 1:1 distant supervision		Pacing (e.g., co-regulated, external)				
		To be fed only by trained		Needs to feed at a slow rate; needs				
		staff/family		to swallow between bites				
		To be fed only by SLP		No straw				
		Needs to have reduced distractions		Sips by straw only				
		when feeding		Needs multiple swallows:				
		Needs verbal cues to use						
		recommended strategies		Needs to alternate liquids and				
		Needs to remain in upright position		solids				
		at least 30 minutes after meals		Needs sensory enhancement (e.g.,				
		Needs to take small sips and bites		flavor, texture, temperature):				
		when eating		Other:				
		Needs consistent monitoring of						
		flow rate						
•	Otl	Other recommended referrals:						
		Occupational therapy		Orofacial myologist				
		Dietetics		Otolaryngology				
		Gastroenterology		Pulmonology				
		Neurology		Other:				
		Lactation specialist						
•	Pat	tient/caregiver education						
☐ SLP described results of evaluation.								
	☐ Patient/family/caregivers expressed understanding of evaluation and treatment plan.							
	□ Patient/family/caregivers expressed understanding of safety precautions and feeding recommendations.							
	☐ Patient expressed understanding of evaluation but refused treatment.							
		Family/caregivers require further education.						