A ssessment of communication disorders is a critical component in the clinical process. The clinical wisdom of assessment is reflected in the ethical guidelines of the American Speech-Language-Hearing Association. These guidelines require an assessment for purposes of clinical decision-making and for determining if therapy services are warranted. Clinical assessments to determine eligibility for therapy services also are mandated by law and by third-party payers. In addition to being used to approve or deny services for therapy, most clinicians regularly use assessments for myriad clinical purposes from goal setting to goal outcome. On any given day a clinician may assess one client to determine if therapy is needed, assess another to ascertain therapy progress, assess a third to help make a differential diagnosis, and assess yet another dynamically.

Regardless of the type of assessment being provided, the challenge in most clinical settings is to balance thoroughness against efficiency. Thoroughness is necessary to provide the clinician a reasonable basis for decision making. Efficiency should be a sought out of respect for the client’s time and finances, as well as due to the enormous time demands placed on clinicians. Demand for clinical services is so great that an assessment is unlikely to be undertaken if it cannot be administered quickly and efficiently.

A number of excellent books and chapters detail how to provide assessments. To illustrate “best practice,” they describe assessments typically undertaken in somewhat idealized conditions with few time limitations. There are far fewer resources, however, that describe how clinicians can balance the need for thoroughness against the need for efficiency. This forum attempts to fill that gap by bringing together experienced professionals to describe how they evaluate clients within the constraints of their clinic settings.

All the participants are experts in the area of childhood articulation and phonological disorders. Each was asked to describe how he or she would perform an evaluation within the following constraints:

1. The client is a 4-year, 3-month-old child (named Bobby) with intact cognitive abilities whose intelligibility was approximately 50% in connected speech.

2. The time frame for the evaluation is 60 to 90 minutes.

3. Topics to be addressed in the evaluation included the reason for the referral, background information on Bobby’s development, and assessment of Bobby’s current functioning in receptive and expressive language, articulation and phonology, voice, fluency, the oral mechanism, and hearing.

4. To keep the forum focused on articulation and phonology, the participants were asked to assume the assessment...
findings pointed to problems in areas such as voice, fluency, or language reception, for instance.

The participants were also asked that their descriptions be sufficiently concrete and step-by-step that a reader could do the same evaluation if they so wished.

The papers that follow offer five different views of the proverbial elephant. To better highlight similarities and differences between the approaches, the first paper describes an evaluation approach, and the following papers offer responses to that description. None of the approaches are intended to demonstrate “the right way,” nor do the papers in total represent the complete range of approaches. Rather, for those in the early stages of clinical training, the forum offers an opportunity to observe how experienced clinicians wrestle with the dichotomy between “what should be done under ideal conditions” and “what is possible within real life clinical settings.” More experienced clinicians may find the forum useful to see how others wrestle with common types of clinical problems. The hope of all involved is that the papers stimulate others to discuss practical options and approaches to the evaluation and treatment of persons with communication disorders.

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Contact author: Ken Bleile, PhD, Department of Communicative Disorders, 238 Communication Arts Center, University of Northern Iowa, Cedar Falls, Iowa 50514-0356.
E-mail: ken.bleile@uni.edu

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Erratum

In the April 2002 issue, in the “Stuttering and Phonology: Is There an Interaction?” article by Marilyn A. Nippold, an editing error (on p. 101, left column) misrepresented who performed certain analyses. Below is the correct wording of the sentence in question, with the operative words in bold:

Subsequent analyses by this author [meaning Marilyn A. Nippold] indicated that the 20 children obtained a mean percentile rank of 57.25 on the GFTA (range = 23–99); a mean overall score of 21.50 (range = 14–34) on the SSI-3; a mean WWD (percent) of 14.08 (range = 5–33); and a mean TD (percent) of 17.54 (range = 10.30–36).