

Motor Speech Disorders Evaluation

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Mental Status (check all that apply):

- alert
- responsive
- cooperative
- confused
- lethargic
- impulsive
- uncooperative
- combative
- unresponsive

Oral Motor, Respiration, and Phonation

Lips

WNL, mild, mod, severe impairment
 Observation at rest (WNL, Edema, Erythema, Lesion): _____
 Symmetry, range, speed, strength, tone:
 Pucker _____
 Retraction _____
 Alternating pucker/retraction _____
 Involuntary movement (e.g., chorea, dystonia, fasciculations, myoclonus, spasms, tremor): _____

Tongue

WNL, mild, mod, severe impairment
 Observation at rest (WNL, Edema, Erythema, Lesion): _____
 Symmetry, range, speed, strength, tone:
 Protrusion _____
 Retraction _____
 Lateralization _____
 Involuntary movement: _____

Jaw

WNL, mild, mod, severe impairment
 Observation at rest: _____
 Symmetry, range, strength, tone:
 Opening _____
 Closing _____
 Lateralization _____
 Protrusion _____
 Retraction _____
 Involuntary movement: _____

Soft palate

WNL, mild, mod, severe impairment
 Observation at rest (WNL, Edema, Erythema, Lesion): _____
 Symmetry, range, strength, tone: _____
 Elevation _____
 Sustained elevation _____
 Alternating elevation/relaxation _____
 Involuntary movement: _____

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Respiration/Phonation

Observations/formal measures administered: _____

Activity	Stimulus	Quality	Duration	Loudness	Steadiness
Phonation		WNL Breathy Hoarse Harsh Strained-strangled	____ secs WNL Mildly impaired Moderately impaired Severely impaired	WNL Monoloudness Excessive loudness Variable loudness	
Oral reading		WNL Breathy Hoarse Harsh Strained-strangled	WNL Mildly impaired Moderately impaired Severely impaired	WNL Monoloudness Excessive loudness Variable loudness	
Conversation		WNL Breathy Hoarse Harsh Strained-strangled	WNL Mildly impaired Moderately impaired Severely impaired	WNL Monoloudness Excessive loudness Variable loudness	

Oral Agility: Diadochokinetic Rates

	Duration	Quality	Comments
P^	____/Per 3 sec.	WNL/mild/mod/sev	
T^	____/Per 3 sec.	WNL/mild/mod/sev	
K^	____/Per 3 sec.	WNL/mild/mod/sev	
P^T^K^	____/Per 3 sec.	WNL/mild/mod/sev	

Other oral agility: _____

Speech Intelligibility

Standardized dysarthria/apraxia tests: _____

Non-Standardized Tasks: _____

Stimulus	Severity	Comments
Phoneme	WNL/mild/mod/sev	
Word	WNL/mild/mod/sev	
Sentence	WNL/mild/mod/sev	
Conversation	WNL/mild/mod/sev	

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Awareness/strategy use

- Limited to no awareness of motor speech impairment
- Aware of motor speech impairment; unable to use strategies to improve intelligibility
- Uses strategies intermittently to improve intelligibility or listener’s understanding of message
- Uses strategies effectively and consistently to improve intelligibility or listener’s understanding of message

Findings

- Motor speech within normal limits
- (mild, mild-moderate, moderate, moderate-severe, severe) apraxia characterized by _____
- (mild, mild-moderate, moderate, moderate-severe, severe) dysarthria characterized by _____

Dysarthria type:

- ataxic
- hypokinetic
- hyperkinetic
- spastic
- flaccid
- mixed
- unilateral upper motor neuron

NOMS Motor Speech Score (1-7): _____

Impact of Motor Speech Impairment on Functioning:

Activity Limitations and Participation Restrictions (check all that apply):

	Mild	Moderate	Severe
General tasks and demands	_____	_____	_____
Household tasks	_____	_____	_____
Interpersonal interactions	_____	_____	_____
Education	_____	_____	_____
Employment	_____	_____	_____
Community	_____	_____	_____
Other _____	_____	_____	_____

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Safety Risks	Mild	Moderate	Severe
Being left alone at home	_____	_____	_____
Traveling alone in community	_____	_____	_____
Other _____	_____	_____	_____

Prognosis:

- Good
- Fair
- Poor
- Based on _____

Recommendations: (check all that apply)

- Speech-language pathology treatment
 Frequency: _____ Duration: _____
- Augmentative-Alternative Communication or Speech Generating Device evaluation
- Other suggested referrals:
 - Neurology
 - Otolaryngology
 - Pulmonology
 - Other _____

Patient/Family Education

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and treatment plan
- Patient expressed understanding of evaluation but refused treatment
- Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
- Patient demonstrated recommended strategies
- Family/caregivers demonstrated recommended strategies
- Patient requires further education on strategies
- Family/caregivers require further education on strategies
- Other _____

Treatment Plan

Long Term Goals

Short Term Goals

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