Speech Therapy Screening

Date of Screening:________________

Patient Name: ______________________________Date of Birth: _______ Room #: ________________

Facility: ______________________________ Admit/Readmit Date: _______ DOB: __________________

Physician: ______________________________ Current Diet: ________________________________

Prior Level of Function:______________________________________________________________

Reason for Screen:___ Routine Staffing ___New Admit/Readmit ___Nursing/Family/Staff Referral ___Incident Report ___Restorative Programs ___Other:______________________________________

Prior Speech Therapy? ___Yes   ___No   Last D/C Date:_______ Level @ D/C from Therapy:__________

**Functional Areas Screened**

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<td>Swallowing</td>
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Problems/Declines Noted:________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

___Speech/Language therapy evaluation is recommended

___Speech/Language therapy evaluation **is not** recommended

Why Not?: __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Therapist Signature/ Credentials Date
Oral Motor Screening

- Protrude tongue
- Lateralize tongue to corners
- Lip pucker
- Say “AH”
- Smile
- “Puh, Puh…”
- “Tuh, Tuh…”
- “Kuh, kuh…”
- “Puh, tuh, kuh…”

Dysphagia Screening

Administer 1 teaspoon (5cc) amounts of thin liquid and pureed consistencies; ¼ of a cracker or cookie as appropriate and observe for the following:

- Breathing difficulties...
- Pocketing of material/residue...
- Coughing before, during, and/or after...
- Increased oral or laryngeal secretions...
- Multiple swallow per bolus (piecemeal deglutition)

- Yes
- No
  - Poor awareness & control of secretions
  - Reduced laryngeal elevation...
  - Significant fatigue...
  - Throat clearing...
  - Vocal quality changes (wet, gurgly)...

Cognition & Language Screening:

Orientation to Time & Place

- Date
- DOW
- Month
- Year
- Season of the year
- Place/ Facility
- Room
- City
- State
- County

Conversational Speech

- Tell me what kind of work you have done in the past
- Immediate Recall (Say all 3 words slowly & clearly – then as client to repeat them)
  - ball
  - flag
  - tree

- Attention (Ask client to begin with 100 and count backwards by 7. Stop after 5 subtractions.)
  - 93
  - 86
  - 79
  - 72
  - 65

- Spell “WORLD” backwards
  - D
  - L
  - R
  - O
  - W

Delayed Verbal Recall (Ask client to recall the 3 words from earlier)

- ball
- flag
- tree

Confrontational Naming (Present object and ask “What is this called?”)

- Pen
- Hand
- Pillow
- Door
- Ceiling

Automatic Speech

- Count to ten
- Tell me the days of the week

Sentence Completion (“Finish these sentences for me.”)

- Three strikes and you’re...
- I pledge allegiance to the...
- The phone is off the...
- As you leave, close the...
- For fresh air, you raise the...

Repetition (“Repeat these words.”)

- book
- home
- spice
- scarecrow
- tornado
- administration
- under the old wooden bridge
- The silver moon hung in the dark sky

Yes/No Questions (“I’m going to ask some questions, just tell me yes or no”)

- Is your name Johnson?
- Is your name _____?
- Do you live in Rhode Island?
- Am I touching my eye (touch nose)?
- Do you wear a glove on your foot?
- Is a chicken bigger than a spider?
- Do you put your shoe on before your sock?

Following Directions

- Point to your nose
- Open your mouth
- With your left hand point to your right eye
- Point to the floor, then point to your nose
- Before opening your mouth, touch your ear