**SPEECH AND LANGUAGE DISABILITY EVALUATION AND REPORT GUIDELINES**

*(Infant/Toddler Developmental – Birth to Age 3 Years)*

Provide a typed consultative examination report (CE Report) within twelve (12) calendar days of the examination.

Provide the DDDS claimant's name, case number, and date of examination on the first page of the typed report. All subsequent pages shall contain the DDDS claimant's name and case number.

Comply with the detail and format for reporting the results of the consultative examination in accordance with the following consultation examination guidelines (including specific information requested on the Examination Authorization (L9CEVCHR)).

(1) **Identify DDDS Claimant (or Child).**

(a) Include the DDDS claimant's case number
(b) Indicate that the DDDS claimant provided proof of identity by showing an original document proving U.S. citizenship, age and identity (i.e. social security card, U.S. passport, birth certificate, student or school ID, daycare center or school record)

AND

(c) Provide a physical description of the DDDS claimant, to help ensure that the person being examined is the DDDS claimant

(2) **Interpreter.** Comment on if the evaluation is conducted in the child's primary language and/or if an interpreter is used.

(3) **Chief Complaint.** State the major or chief complaint(s) alleged as the reason for disability. Document any related impairment(s), such as cleft palate, hearing loss, etc.

(4) **Review of Records.** Provide a brief summary or list of background material or medical records received and reviewed prior to the examination. A statement should be made if no medical documents were made available for review by the DDDS.

(5) **History.** Identify the person(s) providing the oral medical history and comment on validity and reliability of the person's reporting.

(a) Past and Present Illness. This section of the examination report should describe and discuss the DDDS claimant's:
  i. Chronological history of speech-language development
  ii. Developmental milestones for speech-language, including cooing, babbling, jargoning, first words, phrasing and sentences
    (A) Comment on age at which milestones were achieved and correct the chronological age for prematurity up to age 24 months (if applicable)
  iii. Early feeding and eating behavior (i.e. swallowing, ability to tolerate various food textures and temperatures)
  iv. Significant birth and post-natal history, feeding problems, ear infections or hearing loss, use of PE tubes or hearing aid(s), family history of communication problems (as appropriate)
  v. Other significant past illnesses, injuries, operations, hospitalizations, and urgent care encounters with dates of the events and names of facilities where diagnosis and treatment were given (when appropriate)
  vi. Participation in previous/current speech-language therapy and progress made
  vii. The child's primary language used and the primary language at home
    (A) Comment on if the child's family is bilingual or non-English speaking

viii. Impact of the child's impairment(s) on activities of daily living, school, socialization, etc.

(6) **Clinical Observations.**

(a) Include an oral-peripheral examination
  i. Examine and describe the structural aspect of the oral mechanism
  ii. Comment on unusual oral-motor behaviors, such as the presence of excessive drooling, excessive mouthing of objects, aversion to oral-related activities (i.e. brushing teeth)
  iii. Comment on interest in and ability regarding imitation of non-speech-motor and speech-motor movements
(b) Comment on behavior during the evaluation, willingness to cooperate and engage
(c) Discuss potential impact of other impairment(s) on the child's performance

(7) **Comprehensive Speech Testing.** Provide clinical observations and descriptions of articulation, voice, and fluency, and compare them to same age peers:

(a) List sounds in the child's repertoire, and note frequency of use
(b) Describe the child's play with sounds (i.e. ability vary pitch, change intensity, produce "raspberries," squeals, and tongue clicks)
(c) Evaluate the stage of the child's sound making (i.e. cooing, one-syllable babbling, reduplicative babbling, jargoning, mature jargoning)
(d) Comment on the frequency and ease with which the child is able to use and vary sound patterns and combinations
(e) Determine whether or not the child's sound patterns are typical, delayed, or atypical for the child's age
(f) Comment on whether speech is sufficient to support the developmental of expressive language
(g) Comment on overall intelligibility of speech (if the child is using words) and whether the degree of intelligibility is within expectancy for the child's age
(h) Observe voice quality and its impact on intelligibility
(i) Indicate whether speech fluency is developmentally appropriate
(j) Comment on adequacy of breath support for speech as it relates to intensity, the capacity to sustain speech, and the ability to maintain a normal rate of vocal/verbal turn taking

(8) **Comprehensive Language Testing.** Provide clinical observations and descriptions of spontaneous language understanding and production, and compare them to same age peers:

(a) Language skills
(b) Child's cognitive level (if known)
(c) Primary mode of communication (verbal or nonverbal)
(d) Use of gestures (i.e. communicative pointing, showing objects)
(e) Ability to engage in reciprocal eye gaze and joint referencing
(f) Ability to engage in turn taking
  i. First, at the sound level
  ii. Later, at the spoken language level
(g) Total numbers of words in his/her vocabulary (regardless of clarity), and whether the range of semantic relations is expressed
(h) Occurrence, frequency, and quality (i.e. novel and rule-governed, stereotypic) of multiword utterances
(i) Mean length of typical utterances
(j) Range of communicative intentions expressed (i.e. labeling, requesting, socializing)
(k) Use a current, well-standardized comprehensive communication battery when possible (i.e. The MacArthur Communicative Development Inventory: Words and Gestures, Preschool Language Scale-III (PLS), appropriate to the child's age (and native language, when available))

i. State the full title of the test and include test/subtest means and standard deviations (if reported for the test)
ii. Report the total language standard score (SS), area composite SSs when part of test protocol (i.e. PLS-3 Auditory Comprehension), and age equivalents (if needed)
iii. Comment on the validity of test results with regard to the child's behavior (i.e. cooperation, interest, attention/concentration)

(l) Supplemental formal test results with a parent questionnaire (i.e. REEL, Rosetti Infant-Toddler Language Scales), when appropriate. Determine language age equivalences, as appropriate

(9) **Diagnosis** (use DSM Assessment format)**.** Include a discussion of which findings and observations led to the diagnoses.

(10) **Prognosis.** Note probable duration and expected results of current treatment.

(11) **Medical Opinion** (remaining functional abilities)**.**

(a) Based on the objective examination findings, provide an opinion of the DDDS claimant's (or child's) ability to function as compared to other children of the same age who do not have impairments. Conclusions must correlate with the findings from the history, observations, and formal testing obtain in conjunction with the examination.
(b) This statement should include:
i. An opinion of communicative function in areas of language comprehension, language expression and speech (articulation, fluency, voice), and hearing
ii. Behavior impact of related factors, such as recurrent otitis media, orofacial anomalies, and ecological factors, such as culture and dual language usage
iii. Clinical impressions as to whether level of severity indicated by standardized testing is reflective of the child's spontaneous speech and language at the conversational and narrative discourse levels
iv. Explanations on all abnormalities (comment upon if a definitive explanation cannot be provided)
v. A discussion whether, based on test results and clinical observations the speech/language impairment would be likely to affect the child's learning and/or social development

(12) **Report Signature.** The report is required to be reviewed and signed by the provider who performed the consultative examination.

(a) A rubber stamp signature or a signature by another provider is not acceptable

(b) It is not acceptable to indicate "not proofed" or "dictated, but not read" on the report
(c) The performing provider's name must be typed at the end of the report despite the report being wet-signed or electronically signed
i. If the report is to be submitted via Social Security's Electronic Records Express secured website, using the "click and sign" feature is an acceptable electronic signature

**SPEECH AND LANGUAGE DISABILITY EVALUATION AND REPORT GUIDELINES**

*(Children Age 3 Years and Older)*

Provide a typed consultative examination report (CE Report) within twelve (12) calendar days of the examination.

Provide the DDDS claimant's name, case number, and date of examination on the first page of the typed report. All subsequent pages shall contain the DDDS claimant's name and case number.

Comply with the detail and format for reporting the results of the consultative examination in accordance with the following consultation examination guidelines (including specific information requested on the Examination Authorization (L9CEVCHR)).

(1) **Identify DDDS Claimant (or Child).**

(a) Include the DDDS claimant's case number
(b) Indicate that the DDDS claimant provided proof of identity by showing an original document proving U.S. citizenship, age and identity (i.e. social security card, U.S. passport, birth certificate, student or school ID, daycare center or school record)

AND

(c) Provide a physical description of the DDDS claimant, to help ensure that the person being examined is the DDDS claimant

(2) **Interpreter.** Comment on if the evaluation is conducted in the child's primary language and/or if an interpreter is used.

(3) **Chief Complaint.** State the major or chief complaint(s) alleged as the reason for disability. Document any related impairment(s), such as cleft palate, hearing loss, etc.

(4) **Review of Records.** Provide a brief summary or list of background material or medical records received and reviewed prior to the examination. A statement should be made if no medical documents were made available for review by the DDDS.

(5) **History.** Identify the person(s) providing the oral medical history and comment on validity and reliability of the person's reporting.

(a) Past and Present Illness. This section of the examination report should describe and discuss the DDDS claimant's:
  i. Chronological history of speech-language development
  ii. Significant birth and post-natal history, feeding problems, ear infections or hearing loss, use of PE tubes or hearing aid(s), family history of communication problems (as appropriate)
  iii. Other significant past illnesses, injuries, operations, hospitalizations, and urgent care encounters with dates of the events and names of facilities where diagnosis and treatment were given (when appropriate)
  iv. Participation in previous/current speech-language therapy and progress made
  v. The child's primary language used and the primary language at home
    (A) Comment on if the child's family is bilingual or non-English speaking
  vi. Impact of child's impairment(s) on activities of daily living, school, socialization, etc.

(6) **Clinical Observations.**

(a) Include an oral-peripheral examination
  i. Examine and describe the structural aspect of the oral mechanism

ii. Determine performance on imitative tasks involving both nonspeech-motor and speech motor movements, including sequenced and unsequenced patterns

(b) Comment on behavior during the evaluation, willingness to cooperate and engage

(c) Discuss potential impact of other impairment(s) on the child's performance

(7) **Comprehensive Speech Testing.** Provide clinical observations and descriptions of articulation, voice, and fluency, and compare them to same age peers:

(a) Speech skills

(b) Child's cognitive level (if known)

(c) Overall speech intelligibility, in percentages, at a conversational level

i. Intelligibility with familiar and unfamiliar listeners

ii. Intelligibility when topic is known and unknown

iii. Give best estimate of ability to improve intelligibility with repetition, rephrasing, or imitation of a message

(d) Patterns of articulation errors and/or phonological processes with statements as to whether patterns of errors/processes are developmental, delayed, or atypical for (cognitive) age; provide at least two examples

(e) Patterns of dysfluencies and presence/absence of secondary or struggle/tension behavior with statements as to whether dysfluencies are developmental or atypical for (cognitive) age

(f) Voice quality and its impact on intelligibility

(g) Adequacy of breath support as it relates to intensity, the capacity to sustain speech, and the ability to maintain a normal rate of conversation

(h) The contributing effect of any motor-based speech disorders (i.e. dyspraxia, dysarthria)

(i) Use of dialectal variations in speech patterns

(j) Include a current assessment tool to validate ratings of intelligibility at the conversation level. The test report should:

i. State the full title of the test

ii. Include scores and operational definitions of terms, as appropriate

iii. Discuss the validity of the test results validity of test results with regard to the child's behavior (i.e. cooperation, interest, and attention/concentration)

(8) **Comprehensive Language Testing.** Provide clinical observations and descriptions of spontaneous language understanding and production, and compare them to same age peers:

(a) Language skills

(b) Child's cognitive level (if known)

(c) Comment on the child's overall receptive language skills and overall expressive language skills

(d) Comment on the child's understanding and production of semantics, syntax, and pragmatics at the conversational and narrative discourse levels

(e) Based on a spontaneous language sample, discuss development of conversational skill, as it relates to the child's chronological age. For example, the child's ability to:

i. Produce a full range of communicative intentions (i.e. requesting, directing, commenting, labeling, stating, describing, informing)

ii. Engage in verbal/nonverbal turn taking

iii. Establish and maintain conversational topics

iv. Identify and repair miscommunications

v. Take into account the listener's background and knowledge (i.e. the child's ability to use presuppositional knowledge)

(f) Discuss development of narrative skills as it relates to the child's chronological age. For example, the child's ability to:

i. Age 3 and older – retell experiences and events (that are not immediate occurrences) in an increasingly appropriate sequence

ii. Age 6 and older – produce narratives that have intact basic story structure (i.e. setting, beginning, middle, end, resolution of conflict)
iii. Age 12 and older – generate coherent stories using linguistic tools (i.e. use pronouns, conjunctions) to tie elements of one sentence to another

(g) Use a current, well-standardized comprehensive language battery that measures semantic and syntactic competency in both receptive and expressive modes, and that is appropriate to the child's chronological age (and native language, when available). The test report should:
i. State the full title of the test and include test/subtest means and standard deviations (if reported for the test)
ii. Report the total language standard score (SS), area composite SSs (i.e. PLS-3 Auditory Comprehension, TOLD-3:I Semantic Composite), and individual subtest SSs (i.e. CELF Oral Directions), when these are part of the test protocol
(A) If the test does not calculate discrepancies from the norm to 3 SD or more below the mean, and the child's score falls below the lowest SS provided, indicate this fact in the report
iii. Discuss the validity of test results with regard to the child's behavior (i.e. motivation to perform, attention and persistence, and willingness to interact with the examiner)

(9) **Diagnosis** (use DSM Assessment format)**.** Include a discussion of which findings and observations led to the diagnoses.

(10) **Prognosis.** Note probable duration and expected results of current treatment.

(11) **Medical Opinion** (remaining functional abilities)**.**

(a) Based on the objective examination findings, provide an opinion of the DDDS claimant's (or child's) ability to function as compared to other children of the same age who do not have impairments. Conclusions must correlate with the findings from the history, observations, and formal testing obtain in conjunction with the examination.
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