Maryjane Rees Language, Speech and Hearing Center
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Initial Case/Final Case/Assessment Report
Spring/Fall Semester (year)

Client Name: xxxx Smith
Date of Birth: xx/xx/xx
Age: 7-1

File#: xxxx-xxxx
Date of Report:

Parents: Mr. & Mrs. Smith
Address: 1234 Sloan Ct.
Sacramento, CA 95819

Phone: 916-723-0000

Graduate Clinician: Sam Speech, B.S.
Clinical Instructor: Laverne Language, M.S., CCC-SLP

Diagnoses: Language deficits & literacy
Long Term Goal: Improve language-based literacy skills

REFERRAL AND COMMUNICATION CONCERNS

XXXXX, a seven year, one month old female was referred to the Maryjane Rees Language, Speech and Hearing Center (MRLSHC) by her teacher, Ms. Smith, at Bonwood Elementary School. She was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

PERTINENT HISTORY

The following information was obtained through a parent questionnaire and an interview with Mrs. XXXXX on January 26, 2014. All information obtained was reviewed and confirmed by Mrs. XXXXX on January 26, 2014.

STUDENT REPORT

Pregnancy and Birth:
Mrs. XXXXX reported that XXXXX was born three weeks early at the gestational age of 34 weeks. Labor was induced due to concerns about XXXXX's varying heart rate secondary to a knotted umbilical cord. XXXXX was ultimately born healthy via cesarean section without complications.

Medical:
Mrs. XXXXX reported that XXXXX was taking no medications at the time of the assessment and that she was in good health.

Mrs. XXXXX reported that XXXXX was diagnosed with acid reflux at the age of three. No treatment was initiated and she subsequently "outgrew" it. At the age of three years, six months, XXXXX experienced a neurological incident in which she lost consciousness for no apparent reason. Consequently, XXXXX was tested for neurological abnormalities, including epilepsy, and she wore a heart monitor for a month. The results yielded no diagnoses or specific causes for the loss of consciousness. She has had approximately three ear infections that were successfully treated with antibiotics. XXXXX's allergies include mosquitos and sulfa antibiotics. She is currently undergoing testing for an allergy to gluten, as she does not tolerate it well.

Motor Development:
Mrs. XXXXX confirmed that XXXXX met all motor developmental milestones on time.

Vision and Hearing Acuity:
XXXXX has been prescribed corrective lenses for astigmatism, but she needs reminders to wear them. A hearing screening was conducted and passed at her latest check-up with her physician, Dr. XXX, in August 2013

Speech and Language:
While Mrs. XXXXX stated that she could not recall the specific ages, she indicated that XXXXX met all of the speech and language developmental milestones on time.

Education:
At the time of this report, XXXXX attended second grade at Bonwood Elementary School in the Sacramento City Unified School District. Mrs. XXXXX reported that her educational concerns began when XXXXX was in kindergarten. She resisted activities that involved books and writing, and she began to have difficulties with reading and spelling in the first grade curriculum. As a result, XXXXX experiences tremendous anxiety in the school environment. At the time of this report, XXXXX's reading fluency was not at the expected benchmark for her grade and month and she was having difficulty with reading comprehension questions. The school was beginning the assessment process and her mother and teacher hope that she will qualify for an individualized education plan (IEP) to receive additional help with reading. A report from her teacher notes that while she has friends and participates in circle, math, and oral classroom activities well, she has specific difficulty with spelling, sounding out letters, and reading comprehension. She believes these deficits are hindering XXXXX's academic progress.

Family/Social/Behavioral:
At the time of this interview, XXXXX lived at home with her mother, father, and 8 year-old brother. English is the primary language spoken in the home. She has a good relationship with all of her family members, and her mother reports that she follows directions well, both at home and at school.

STUDENT REPORT

ASSESSMENT & OBSERVATIONS

TEST RESULTS

The tests used have been validated for the specific purpose for which they are used and the results are considered to be valid unless otherwise stated in the text of the report

OR

The tests below should be viewed with caution and the results may have questionable validity because they were not primarily normed on students whose first language is not English *(or students from any group you think may be penalized for having different backgrounds or experiences)*. This student may not have had experience with some of the material presented on these tests and the results may underrepresent his/her language/speech abilities.

AND

Effects of environment, culture or economic disadvantage are *(or are not)* known to be a factor in the student's development of speech and language skills

Initial Observation:
When the clinician greeted XXXXX in the waiting room, she appeared quiet. She quickly warmed up, however, and was very compliant during testing. Over the course of the first session, XXXXX engaged in conversation appropriately and told the clinician several stories about her favorite pastime, swimming. She is on the junior swim team in her neighborhood.

Speech and Hearing:

Articulation:
No speech sound substitutions, omissions, or distortions were noted upon informal observation. XXXXX's speech was judged to be 100% intelligible to both known and unknown listeners. It was noted that she had difficulty producing some multisyllabic words (geranium, elephant) when she was telling a story, however.

Voice/Fluency:
Voice and fluency were assessed through conversational speech and were judged to be within normal limits for her age and gender.

Oral-facial/ Oral Motor:
An oral-facial examination was administered to assess the adequacy of the oral structures and their function for speech purposes. Facial features (face and jaw alignment) were symmetrical. Inspection of her dentition revealed a class two malocclusion (overbite); she appeared to have good oral hygiene. The structure and color of her palate, velum, and uvula were normal. Her lip symmetry and range of motion (ROM) were within normal limits. Her tongue color, size, strength, and ROM were also within normal limits. Finally, her diadochokinetic rate was judged to be within normal limits for her age.

Hearing:

A peripheral hearing screening was conducted and passed at 25dB at the frequencies of 500, 1000, 2000, and 4000 Hz.

Language:

Test Administered: *Clinical Evaluation of Language Fundamentals* (*CELF-5*) (Wiig, Semel, & Secord, 2013).

The *CELF-5* was administered on January 26, 2014. This test "is an individually administered clinical tool for the identification, diagnosis, and follow-up evaluation of language and communication disorders in students aged 5-21 years."

Core Language Score and Indexes

	Standard Score	Percentile	Score Description
Core Language Score	123	94	"Above Average Range of Language Functioning"
Receptive Language Index	141	99.7	"Above Average Range of Language Functioning"
Expressive Language Index	124	95	"Above Average Range of Language Functioning"
Language Content Index	135	99	"Above Average Range of Language Functioning"
Language Structure Index	123	94	"Above Average Range of Language Functioning"

Interpretation: These composite scores have a mean of 100 and a standard deviation of 15. A score of 100 on this scale represents the performance of the typical student of a given age. Scores within one standard deviation of the mean (between 86 and 114) are considered "average." All of XXXX 's scores were above this range.

Discrepancy Comparisons:
Through a computer analysis, XXXX's performance on the Receptive Language Index was compared to her performance on the Expressive Language Index. The difference was seen to be statistically significant, indicating a relative strength with tasks that probe listening and auditory comprehension skills when compared to tasks that probe expressive aspects of language.

Through a computer analysis, XXXX's performance on the Language Content Index was compared to her performance on the Language Structure Index. The difference was seen to be statistically significant, indicating relatively less difficulty with tasks that probe semantic development when compared to tasks that require receptive and expressive interpretation and production of sentence structures.

Description of Core Language Score and Indexes (paraphrased from authors' descriptions):
Core Language: This score is a measure of general language ability and provides a way to quantify a student's overall language performance. It is comprised of four subtests that best discriminate typical from disordered language performance: XXXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.
Receptive Language: This index is a measure of a student's performance on subtests designed to best probe receptive aspects of language, including comprehension and listening. It can aid in determining the presence or absence of a language disorder and is comprised of three subtests: XXXXXXX, XXXXXXX, and XXXXXXX.

Expressive Language: This index is a measure of a student's performance on subtests designed to probe expressive aspects of language, including oral language expression. It can aid in determining the presence or absence of a language disorder and is comprised of three subtests: XXXXXXX, XXXXXXX, and XXXXXXX.
Language Content: This index is a measure of a student's performance on subtests designed to probe vocabulary and word knowledge. It is comprised of three subtests: XXXXXX, XXXXXXX and XXXXXXX.
Language Structure: This index is an overall measure of a student's performance on subtests designed to probe understanding and production of syntactical structures and morphology. It is comprised of four subtests: XXXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.

Subtest Scores:

Subtest	Raw Score	Scaled Score	Percentile	Score Description
Sentence Comprehension	25	12	75	Average
Linguistic Concepts	22	9	37	Average
Word Structure	28	10	50	Average
Word Classes	40	19	99.9	Above Average
Following Directions	32	19	99.9	Above Average
Formulated Sentences	35	13	84	Above Average
Recalling Sentences	72	19	99.9	Above Average

Interpretation: These scaled scores have a mean of 10 and a standard deviation of 3. A scaled score of 10 describes the average of a given age group. About 2/3 of all students with typical language development earn subtest scaled scores within one standard deviation of the mean (between 8 and 12), the range of average performance.

XXXX's scaled scores on the Sentence Comprehension, Linguistic Concepts, and Word Structure subtests were within this range. Her scaled scores on the other subtests were all above this range.

Description of subtests (paraphrased from authors' descriptions):
Sentence Comprehension: Used to evaluate the student's understanding of grammatical rules at the sentence level. The student responds to a sentence by pointing to the correct picture stimuli.
Linguistic Concepts: Used to evaluate the student's ability to understand linguistic concepts such as *middle*, *different*, and *many*. Some concepts require understanding of logical operations or connectives, such as *and*, *or*, *all but one*. The student points to pictured objects in response to oral directions.
Word Structure: Used to evaluate the student's knowledge of grammatical rules in a sentence completion task. The student completes an orally presented sentence that pertains to an illustration.
Word Classes: Used to evaluate the student's ability to understand relationships between words based on meaning features, function, or place or time of occurrence. The student chooses the two words (i.e., pictures or presented orally) that best represent the desired relationship.
Following Directions: Used to evaluate the student's ability to (a) interpret spoken directions of increasing length and complexity, (b) follow the order of presented objects with varying characteristics such as color, size, or location, and (c) identify several pictured objects that were mentioned. The student identifies the objects in response to oral directions.
Formulated Sentences: Used to evaluate the student's ability to formulate simple, compound, and complex sentences when given grammatical (semantic and syntactic) constraints. The student is asked to formulate a sentence, using target word(s) while using an illustration as a reference.

STUDENT REPORT

Recalling Sentences: Used to evaluate the student's ability to recall and reproduce sentences of varying length and syntactic complexity. The student imitates sentences presented by the examiner.

Pre-Reading Skills: Language-Based:

XXXXX's language and language based reading skills were assessed through formal testing using the *Comprehensive Test of Phonological Processing*-2 (*CTOPP-2*) and selected language and reading based subtests from the *Woodcock-Johnson IV* (*WJIV*). This specific battery of tests is often used to identify and define language based reading problems and developmental reading disabilities.

Observation of Reading and Language Abilities:

When XXXXX spoke, she used correct grammar and complex vocabulary. When she read, however, she appeared to struggle. For example, when she read from a story to the clinician from her school textbook, her reading was observed to be labored. When she was asked to read silently, she was observed to mouth each word separately. When presented with four comprehension questions based on the passage she read, her response latency averaged approximately 30 seconds or greater, and she only answered one question correctly.

Test Administered: Comprehensive Test of Phonological Processing2 (*CTOPP2*) [Wagner, Torgesen, Rashotte, & Pearson. (2013). Austin: Pro-Ed.]

The *CTOPP2* was administered on January 26, 2014. The *CTOPP2* is a norm-referenced test that measures phonological processing abilities related to reading. The term phonology refers to the sound system of language. Three kinds of phonological processing in particular appear to be especially relevant to the development of written language: Phonological awareness, phonological memory, and rapid naming. The authors further state that a deficit in one or more of these kinds of phonological processing abilities is viewed as the primary cause of learning disabilities in general, and of reading disabilities in particular. The results are as follows:

Composite Scores

Composites			**Standard Score**	**Percentile**	**Score Description**
Phonological Awareness			88	21	Below Average
Phonological Memory			88	21	Below Average
Rapid Symbolic Naming			67	1	Very Poor
Alternate Phonological Awareness			88	21	Below Average

Interpretation: These composite scores are based on a distribution with a mean of 100 and a standard deviation of 15. XXXX's scores were within 1 standard deviation **below** the mean, with the exception of the Rapid Symbolic Naming score, which was greater than 2 standard deviations **below** the mean.

Subtest Scores

Subtests	**Age Equivalent**	**Grade Equivalent**	**Scaled Score**	**Percentile**	**Score Descriptions**
Core:					
Elision (EL)	6-9	1.7	8	25	Average

Blending Words (BW)	7-6	2.4	9	37	Average
Phoneme Isolation (PI)	6-6	1.4	7	16	Below Average
Memory for Digits (MD)	6-6	1.4	9	37	Average
Nonword Repetition (NR)	5-3	k.2	7	16	Below Average
Rapid Digit Naming (RD)	4-9	<k.0	4	2	Poor
Rapid Letter Naming (RL)	5-3	k.2	5	5	Poor

Supplemental Subtests	**Age Equivalent**	**Grade Equivalent**	**Standard Score**	**Percentile**	**Score Descriptions**
Blending Nonwords (BN)	6-9	1.7	8	25	Average
Segmenting Nonwords (SN)	6-3	1.2	8	25	Average

Interpretation: These scaled scores are based on a distribution with a mean of 10 and a standard deviation of 3. Two subtest scores, Rapid Digit Naming and Rapid Letter Naming, are > 1.5 standard deviations ***below*** the mean. The other subtest scores are all at or within 1 standard deviation **below** the mean. XXXX demonstrated particular difficulty with phonological awareness items containing consonant blends.

Descriptions of Subtests (quoted directly from the manual):
Elision: Measures the ability to remove phonological segments from spoken words to form other words
Blending Words: Measures the ability to synthesize sounds to form words
Phoneme Isolation: Measures the ability to isolate individual sounds within words
Memory for Digits: Measures the ability to repeat numbers accurately
Nonword Repetition: Measures the ability to repeat nonwords accurately
Rapid Digit Naming: Measures the ability to rapidly name digits
Rapid Letter Naming: Measures the ability to rapidly name letters
Blending Nonwords: Measures the ability to synthesize sounds to form nonwords
Segmenting Nonwords: Measures the ability to segment nonwords into phonemes

Overall *CTOPP2* Interpretation*:*
Phonological awareness, phonological memory, and rapid naming play an integral role in reading and reading comprehension. XXXX's composite scores on the Phonological Awareness, Phonological Memory, and Alternate Phonological Awareness composites of the *CTOPP2* were in the Below Average range and her score on the Rapid Symbolic Naming Composite was in the Very Poor range. These scores are likely contributing to XXXX's difficulties when decoding words and comprehending text.

Test Administered: *Woodcock-Johnson IV (WJIV) Tests of Achievement* [Schrank, Mather, & McGrew. (2014). Rolling Meadows, IL: The Riverside Publishing Company].

Selected subtests of the *WJIV* were administered on January 26, 2014. These specific subtests are designed assess XXXXX's reading comprehension and her ability to identify and read letters and words. The results are as follows:

Subtest Scores

Subtest	**Raw score**	**Age Equivalency**	**Grade Equivalency**	**Standard Score**	**Score Descriptions**
Letter-word ID	xx	xx-x	x.x	xx	Low

Passage Comprehension	xx	xx-x	x.x	xx	Low
Word Attack	xx	x-x	x.x	xx	Low

Descriptions of Subtests (quoted directly from the manual):
Letter Word ID*:* Measures the ability to identify letters and words, a reading and writing ability.
Passage Comprehension: Measures reading comprehension.
Word Attack: Measures the ability to apply phonic and structural analysis skills in order to read unfamiliar printed words, a reading/writing ability.

Test Administered: Woodcock-Johnson IV (WJIV) Tests of Oral Language [Schrank, Mather, & McGrew. (2014). Rolling Meadows, IL: The Riverside Publishing Company.]

One subtest of the *WJIV* was administered on January 26, 2014. This specific subtests is designed to assess XXXXX's listening comprehension. The results are as follows:

Oral Comprehension	xx	xx-xx	x.x	106	Average

Interpretation: The *WJIV* standard scores have a mean of 100 and a standard deviation of 15. Normative scores were based on XXXXX's age. A score of 100 on these scales represents the performance of the typical student of a given age. Scores between 90 and 110 are in the "Average" range.

While XXXXX's score on the Oral Comprehension subtest was within the "Average" range, her other subest scores were in the "Low" range. This average Oral Comprehension score, in the presence of Low Passage Comprehension, Word Attack and Letter-Word Identification scores, indicates that she has difficulty decoding words fluently and that she has more difficulty understanding text that she has read than text that is read to her.

A child without language difficulties should demonstrate relatively commensurate performance in his or her ability to read written information and to understand verbal information. Significantly higher oral comprehension abilities compared to reading comprehension abilities may indicate dyslexia, particularly in the presence of decreased letter word identification and/or word attack skills. It was noted that there is a gap of nearly 3.0 years between the Age-Equivalent scores on these subtests.

SUMMARY & INTERPRETATION
XXXXX was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

She was assessed on January 26, 2014 with a battery of tests that is often used to identify and define language-based reading difficulties and developmental reading disabilities.

XXXXX's articulation, voice and fluency were judged to be within normal limits on the day of testing.

XXXXX's core language and index measures were in the above average range of functioning upon standardized testing. Relative strengths were noted in the areas of receptive language and semantics.

Upon informal observation of her reading and standardized testing, she exhibited signs of a language-based reading difficulty, characterized by below average reading fluency and comprehension in the presence of below average scores in the areas of phonological awareness, phonological memory, and alternate phonological awareness and a very poor score in the area of rapid symbolic naming. Phonological awareness, phonological memory, and rapid naming are important language-based pre-requisites to decoding and reading comprehension. All of this, coupled with her increased ability to understand information presented in an oral format rather than a written format on the *WJIV* may be indicative of Developmental Dyslexia.

It should be noted that XXXX's phonological awareness, phonological memory, and rapid naming abilities will negatively impact her ability to both successfully decode and comprehend during reading, which will affect her ability to successfully access the core academic curriculum at school.

RECOMMENDATIONS

Based on XXXXX's performance upon standardized testing, parent report, and clinical observations, it was recommended that she be enrolled in language therapy at this Center in the language II – language/literacy clinic. Therapy was recommended twice weekly for 50 minute sessions. Initial remedial goals may include, but would not be limited to, the following:

1. Strengthen phonological memory through completion of a hierarchical approach program of phonological awareness activities.

2. Improve reading fluency and comprehension by strengthening higher-level phonological skills

3. Improve reading fluency by improving visual recognition of word families (major and minor phonograms in activities practiced to high levels of automaticity).

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