PLACE ON ALABAMA A&M LETTERHEAD

Alabama A & M University
Speech-Language-Hearing Clinic
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DIAGNOSTIC REPORT

Name: Johnny Jones
Date of Birth: 1/2/2004 **Age:** 5.9
Address: 4000 Anywhere Road
Huntsville, AL 35802
Telephone: (256) 852-1234
Informant: Martha Jones (mother)
Examiner: Susie Speech, B.S.

Date of Evaluation: September 14, 2010 September 16, 2010, September 22, 2010 and September 24, 2010
Diagnosis: Receptive and Expressive Language Deficit; Autism Disorder
Referred by: Mother
Client's Occupation: Student
Supervisor: Cynthia Lewis, M.S. CCC-SLP

STATEMENT OF THE PROBLEM

Johnny Jones is a 5 year, 9 month old male who was seen for an evaluation at the AAMU CSD Clinic beginning September 14th to assess communication concerns. Johnny began receiving speech therapy services at the Clinic in the Fall of 2008 for a language deficit. On June 03, 2008, Johnny was diagnosed as having "Autism" by June Smith, Ph. D and Tamara Jordan, M.A. At that time, these individuals stated that Johnny's behaviors were found to meet the diagnostic criteria for Autism Disorder due to his impairments in reciprocal social interactions and communication, as well as patterns of restrictive and repetitive behaviors.

BACKGROUND INFORMATION

According to the case history report filled out by Mrs. Jones, Johnny was full term at birth and weighed 8 lbs. and 5oz. His mother reported that his developmental milestones were as follows: crawled at 6months, stood at 10 months, walked unaided at 12 months, and said his first words at 12 months ("Amen", "Daddy", and "Apple"), however, he never progressed to producing 2-3 word utterances. Johnny currently attends ABC Schools Kindergarten where he is in a full inclusion classroom setting.

Johnny receives Applied Behavior Analysis (ABA) behavioral services two times throughout each school day to address educational goals that have been individualized for him. Johnny is the only child for his parents to date.

OBSERVATIONS AND ASSESSMENT RESULTS

Oral Peripheral Examination: The clinician was unable to condition the client to follow directions or model the movements necessary for an oral-peripheral examination. However, based on clinical observation, the client exhibited a normal range of motion of the lips, tongue, and jaw for mastication and speech production. The structure and function of the oral mechanism were judged to be within normal limits.

Hearing: The client was administered a pure tone audiological screening test September 13, 2010. The client's hearing was bilaterally assessed at 500, 1000, 2000 and 4000 Hz, with 20 dB as the criterion level. However, the clinician was unable to condition the client to testing conditions; therefore an appointment was scheduled with the Clinic's Audiologist, Dr. Bush, for further audiological testing. The results of an Oto-Acoustic examination indicated that Johnny passed the hearing evaluation bilaterally.

Articulation: <u>The Goldman-Fristoe Test of Articulation-2</u> was administered to assess Johnny's sound inventory. The following speech sound errors were noted:

Initial Position	w/l, w/r, f/th, d/th, bw/bl, f/fl, k/kr, fw/sw, br/b, f/fr, g/gr
Medial Position	f/th, t/th
Final Position	ch/j, f/th

Administration of the *GFTA-2* revealed a standard score of 89 (mean/average score=100 with an average range of 85-115), a percentile rank of 18 and an age equivalency of 4-1 which places Johnny within the lower range of average when compared to his peers. Johnny's errors consist mainly of sound substitutions. Johnny's conversational speech is 95% intelligible and his articulation errors are developmentally appropriate at this time.

Language: The *Preschool Language Scales 4th ed. (PLS-4)* was administered to formally assess the Johnny's auditory comprehension and expressive communication skills. The auditory comprehension subscale is used to evaluate how much language a child understands. The expressive communication subscale is used to determine how well a child communicates with others. The following scores were obtained:

PLS:4	Raw Score	Standard Score	Percentile Ranks	Age Equivalency
Auditory Comprehension	24	50	1	1-9
Expressive Communication	29	50	1	1-11

Total Language Score	53	50	1	1-9

Administration of the PLS-4 revealed the following (all subtests have a mean average score of 100 with an average range of 85-115): Auditory Comprehension standard score of 50, percentile rank of 1, and age equivalency of 1-9; Expressive Communication standard score of 50, percentile rank of 1, and age equivalency of 1-11 and a Total Language Standard Score of 50, percentile rank of 1, and age equivalency of 1-9.

Johnny's standard scores in all three areas fall the below the mean/average score of 100. These scores indicate severe deficits in auditory comprehension, expressive communication and overall total language skills.

An informal language sample was obtained while playing file folder games and basket ball. During these observations Johnny primarily communicated with one to two-word utterances and exhibited an MLU of 1.5. He did not produce a vast amount of spontaneous speech; however, he was able to respond to some of the clinician's questions about age-appropriate pictures. During the assessment, Johnny's utterances consisted mainly of nouns with very limited use of verbs (Brown's Stage I). The use of plural –s, irregular or past tense verbs, prepositions and possessive markers were not observed during the evaluation. However, Johnny did exhibit occasional use of present progressive –ing verbs (i.e "girl jumping"). There were periods when Johnny exhibited a vast amount of echolalic speech during the certain activities. The clinician asked several simple age-appropriate "Wh" and yes/no questions. The client was able to answer "What is this?" questions that pertained to clothing, animals, food, and colors with 80% accuracy. However, in the majority of instances, the clinician had to repeat the stimulus question multiple times before receiving a response. Besides answering "What is this?" questions, the client was not able to correctly answer other simple "Wh" and/or "yes/ no" questions. Johnny's independent performance when answering "Wh" and "yes/no" questions was 30% accuracy. Johnny exhibited difficulty identifying age-appropriate items by pointing (20% accuracy) and following one-step commands (30% accuracy). He also exhibited limited eye contact with the clinician and difficulty attending to tasks for longer than one to two minutes. Johnny's ability to stay on task affected his performance on certain tasks as there were several stimulus items that had "no response" recorded due to inattention to the clinician and to assessment materials. Johnny did exhibit turn-taking skills and joint attention while rolling/throwing a ball. Johnny inconsistently responded to greetings upon arriving at the clinic, but was willing to enter the therapy room with the clinician. Johnny appears to enjoy file folder activities, puzzles and coloring.

Fluency: Fluency was assessed informally September 13, 2010. The clinician did not note any repetitions, prolongations, or hesitations during conversation with Johnny. Fluency appeared to be within normal limits for age, gender, and sex.

Voice: Voice quality was assessed informally September 13, 2010. Johnny's voice quality, resonance and pitch appear to be within normal limits for his size, age, and gender.

SUMMARY OF FINDINGS

Based on the formal and informal test results, Johnny exhibits a receptive and expressive language deficit. Johnny's scores on the *PLS:4* indicate a weakness as well as age equivalents ranging from 1.9-1.11. During the assessment process, Johnny was able to identify some familiar pictures, objects and actions (e.g. "Show me 'running'") when given object or picture stimuli. He was able to inconsistently follow a few simple commands (e.g. "Point to your nose"). However, he had great difficulty using more than one word utterances and answering simple "Wh" and "yes/no" questions. The clinician also noticed that Johnny has a very short attention span that only lasts for about one minute.

PROGNOSIS

Johnny's prognosis at this time is fair due to the nature and severity of his receptive and expressive oral language deficits and due to attentional and behavioral issues. However, Johnny has an excellent support system that should be a positive factor in his continued speech-language development.

RECOMMENDATIONS

It is recommended that Johnny Jones be enrolled in speech therapy for the Fall 2010 semester at the Alabama A&M University Speech-Language Clinic for two fifty minute sessions per week targeting an increase in his receptive and expressive language skills.

LONG TERM OBJECTIVES

Long term objectives should include, but not be limited to:

1. By the end of Fall 2010, the client will improve receptive language skills by 12 months.
2. By the end of Fall 2010, the client will improve expressive language skills by 12 months.
3. By the end of Fall 2010, the client will attend to a given task and remain seated for 10 minutes.
4. By the end of Spring 2010, the client will complete home assignment task assigned by the clinician with 80% accuracy.

SHORT TERM OBJECTIVES

Short term objectives should include, but not be limited to:

1a. The client will follow one- step commands with minimal cues with 80% accuracy.

1b. The client will identify a) age-appropriate vocabulary and b) action words with 80% accuracy when given a picture cue.

1c. The client will identify objects/pictures by a) function, and b) attribute(s) with 80% accuracy.

2a. The client will correctly answer yes/no questions when presented with age-appropriate objects/pictures with 80% accuracy.

2b. The client will correctly imitate 2- word phrases a) about age-appropriate vocabulary/actions/objects and b) to express his wants/needs with 80% accuracy.

2c. The client will correctly a) imitate and b) express age-appropriate vocabulary and action words with 80% accuracy when presented with objects/pictures.

2d. The client will name the a) function, and c) attribute(s) with 80% accuracy when presented with objects/pictures.

3a. The client will attend to a given task and remain seated for 3-5 minutes.

4a. The client will complete home assignment tasks assigned by the clinician with 80% accuracy.

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Student Clinician   Clinical Supervisor