
Test of Auditory Processing Skills Third Edition

Background Information:

, age years, months, was evaluated at the Ball State University Speech and Language Clinic on . 's psychiatrist, Dr. Ambler, referred to the clinic following feeding and swallowing concerns. 's mother, , served as the informant throughout the initial diagnostic interview. is currently in fifth grade in a general classroom with additional resource services.

Birth History:

Per case history, exhibited an unremarkable birth history.

Medical History:

Due to frequently choking on a bottle during infancy, she received a swallowing evaluation when she was one year old. also experienced pneumonia at six months of age. She had a history of allergies, asthma, and epilepsy. Due to prior sexual abuse, was recently diagnosed with posttraumatic stress disorder (PTSD). LB currently takes medications to manage her seizures, impulsiveness, anxiety, depression, night terrors, and gastroesophageal reflux disease (GERD).

Developmental History:

Per parental report, exhibited developmental delays in speech and language as well as fine and gross motor skills.

Prior Assessment and Intervention Information:

Ms. indicated received weekly speech therapy and occupational therapy services via First Steps beginning at age two to address her delayed speech and motor skills.

Family History:

Ms. reported that 's sister exhibited delayed speech and language due to autism and cerebral palsy. No other family history of speech-language disorders was reported.

Communication Concerns:

Per the case history, often choked when swallowing pills. She would often gag or vomit when eating certain foods. Ms. reported that there was no consistency in which foods would result in choking or vomiting. For example, she may have the same meal for lunch and dinner and only choke or vomit at lunch. Ms. mentioned that 's swallowing difficulties appeared to increase when she exhibited high periods of PTSD. Ms. also indicated does not prefer certain textures and consistencies of food and liquid. Overall, Ms. is concerned for her daughter's safety when eating. Ms. is also concerned about 's academics. She reported that demonstrated difficulty with Spelling and English classes and has received low scores on reading comprehension tasks.

Behavioral Observations:

Upon entering the diagnostic session, appeared very tense during the initial separation from her mother and was immediately concerned of her mother's location. Until became more at ease in the diagnostic room, she produced limited language and often preferred non-verbal means to communicate (e.g., writing responses on chalkboard). began to "open up" and provided more verbal responses as the evaluation progressed. Overall, was cooperative and followed instructions.

Test Results:

SWALLOWING:

's primary reason for referral to the clinic was difficulty of swallowing pills as well as episodes of choking and gagging. 's swallowing was informally assessed while given a snack and a drink during the evaluation. She demonstrated appropriate laryngeal elevation, a timely swallow, and good overall muscle tone in her oral cavity and articulators. appeared to take larger than average bites of her food and often needed to be reminded to take smaller bites. coughed once during the pharyngeal phase of her swallow. 's quality of voice appeared to remain consistent with no residue after the swallowing process.

LANGUAGE:

was administered the Clinical Evaluation of Language Fundamentals Fifth Edition Screening Test (CELF-5 Screening Test), to evaluate foundational language concepts. The CELF-5 Screening Test includes the following subtests: *Following Directions*, *Recalling Sentences*, *Sentence Assembly*, *Semantic Relationships*, and *Word Class Abilities*. received a total score of 11, falling below the criterion score of 15 for her age. displayed the greatest difficulty with *Following Directions*, *Sentence Assembly*, and *Semantic Relationships*. On the *Following Directions* subtest, was instructed to point to pictures of shapes in the order presented. She correctly followed 1/5 directions. On the *Sentence Assembly* subtest, was given a series of words and asked to create two sentences out of the words. She correctly formed 1/6 sentences. During the *Semantic Relationships* subtest, was given a problem and asked to provide two solutions to the problem given four choices. She correctly identified 2/6 solutions.

was administered the Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4) to evaluate receptive one word vocabulary. This assessment provided with four stimulus pictures and a verbal word from clinician. She was prompted to point or name the picture that described the given word. received a standard score of 77, placing her within the 6th percentile. This indicated that scored as well as or better than 6 percent of her aged matched peers. An average score on the PPVT-4 is 100 with a standard deviation of +/- 15, therefore a score of 85 to 115 is within normal limits.

was administered two subtests from the Test of Auditory Processing Skills-Third Edition (TAPS-3), as a criterion-referenced assessment to address auditory skills necessary for the use and understanding of language commonly utilized in academics and

everyday activities. The two subtests assessed Auditory Comprehension and Auditory Reasoning skills. The *Auditory Comprehension* subtest instructed to answer questions about a sentence read aloud to her. received a scaled score of 1 on the Auditory Comprehension subtest, this score is value based from 1-19, with an average of 10 and a standard deviation of 3. This placed in the 1st percentile, indicating the scored as well as or better than 1 percent of her aged matched peers. On the Auditory Reasoning subtest was instructed to make inferences to questions read aloud to her. received a scaled score of 2 on the Auditory Reasoning subtest, this score is value based from 1-19, with an average of 10 and a standard deviation of 3. This placed in the 2nd percentile, indicating the scored as well as or better than 1 percent of her aged matched peers. Overall, displayed difficulty on both subtests. This indicated that she exhibited difficulty in the following areas: higher-order linguistic processing, making inferences, implying meaning, making to logical conclusions, and understanding spoken information.

Additionally, was administered the Expressive Vocabulary Test, Second Edition (EVT-2) to evaluate her expressive vocabulary and word retrieval skills. was presented with a picture of an item and then asked a stimulus question about each picture, typically asking for a synonym or additional label for the picture. obtained an EVT-2 standard score of 77. Her percentile rank of 6th means that scored as well as or better than 6 percent of her typical peers. There was no significant difference in 's EVT-2 standard score and PPVT-4 standard score, indicating that performed similarly for both receptive and expressive vocabulary tasks.

ORAL MECHANISM EXAM:

An oral mechanism exam was conducted to assess the anatomical and functional integrity of the structures that support speech and swallowing. 's tongue retracted posteriorly blocking her uvula and latter portion of her pharynx causing an absent gag reflex. All other structures appeared adequate for speech production and swallowing. No abnormalities were noted.

ARTICULATION:

's articulation was informally assessed during a conversation sample. Additionally, was presented with picture cards that contained the "r" sound and asked to name the picture in order to informally assess 's articulation. occasionally exhibited difficulty producing the medial /r/ e.g., "walrus." All other phonemes were produced correctly.

HEARING:

's hearing was screened at 1000, 2000, and 4000 Hz at 20 dB. She responded appropriately to all pure tones presented, indicating that she passed the screening.

VOICE AND FLUENCY:

's voice and fluency was informally assessed throughout the session and appeared within normal limits for her age and gender. She used appropriate intonation and inflection within her sentences at conversation level. She exhibited proper volume during

speech and changed her pitch and prosody when necessary. 's quality of voice was unremarkable characterized by good respiration and breathing patterns. did not exhibit any prolongations or repetitions of sounds or words.

SUMMARY:

age 11 years, 7 months, displayed some atypical behavior of food consumption such as taking abnormally large bites and the aversion of specific consistencies. The collaboration of criterion-referenced, standardized assessments, and clinical judgment indicated deficits in receptive and expressive language, language processing, and displayed food aversions. exhibited difficulties with receptive language in the following areas: one word vocabulary, auditory comprehension (understanding spoken information) and auditory reasoning (implying meaning, making inferences, logical conclusion making). Additionally, she displayed deficits in expressive language in vocabulary and word retrieval, sentence assembly, and producing semantic relationships. 's potential for improvement is good due to her young age, familial support, and willingness to cooperate.

Recommendations:

Therapy is recommended to address expressive and receptive language, and feeding aversion.

Therapy should focus on the following goals:

1. Increase 's expressive vocabulary
2. Increase 's receptive vocabulary
3. Further evaluation of following directions, sentence assembly, and semantic relationships
4. Increase auditory comprehension and auditory reasoning skills including higher-order linguistic processing, making inferences, implying meaning, making logical conclusions, and understanding spoken information
5. Increase familiarity with various textures and consistencies as tolerated (Food Chaining is a valuable resource)

The Ball State University Speech and Language Clinic currently has a waiting list for enrollment for individual speech and language therapy. has been placed on the waiting list. You will be notified when a space becomes available for enrollment. Because the clinic is a training facility for students, client enrollment in therapy is based upon times and days of availability of the client, student clinician and supervisor, as well as needs of the student clinician in the clinical program. Below is a list of addition facilities within the community that provide speech therapy services.

1. IU Health Ball Memorial Hospital (Pediatric Outpatient Therapy (765-254-9717)
2. Home School District Special Education office
3. Refer to the American Speech-Language-Hearing organization for a list of Speech Pathologists in the area. www.asha.org

If you have any further questions regarding _____'s speech or language development, please contact the Ball State University Speech and Language Clinic.

_____, M.A., CCC-SLP
Diagnostic Supervisor

_____, B.S.
Graduate Clinician

Olivia Ave, B.S.
Graduate Clinician