

VPI Assessment Form

First Name: _____

Address: _____

Last Name: _____

City: _____

Date of Birth: _____

State: _____

Phone Number: _____

Zip Code: _____

Summary of Clinical Findings: _____

1 Describe your child's medical history below:

2 Is your child currently taking any medications? Please list any if applicable:

3 Has your child had any surgeries? If so, please specify what for and include dates if possible

4 Describe any feeding difficulties your child had/has

5 Does your child have any speech difficulties?
☐ Yes ☐ No

If yes, please describe the difficulties:

6 Please include any additional concerns you have about your child:

7 Language results:

☐ Standardized

☐ Informal- criterion referenced

Test Name _____

8 Serial Counting (circle any problematic numbers)

60 61 62 63 64 65 66 67 68 69 70 71 72

9 Articulation results

	Glottal stop	Pharyngeal stop	Mid-dorsum palatal stops	Pharyngeal fricatives	Velar fricatives	Nasal fricatives	Posterior nasal fricatives	Nasal grimaces
Voiced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voiceless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- ☐ Standardized
☐ Informal-criterion referenced

Additional notes:

Test Name _____

10 SNAP test summary/ Nasal assessment

- ☐ Results were within normal limits
☐ Abnormal results

Notes:

Nasalance score:
 $N / (N + O) \times 100$

11 Results of the cul-de-sac test (nose pinch test) Kummer Sentences for Denasality/Cul-de-Sac Resonance (2007)

Sound	Stimulus	Hypo	Hyper	Cul-d	WNL
/b/	Buy baby a bottle				
/m/	My mommy made lemonade				
/w/	Wade in the water				
/j/	You have a yellow yo-yo				
/h/	He has a big horse				
/t/	Take teddy to town				
/n/	Nancy is not here				
/k/	I like cookies and cake				
/g/	Go get the wagon				
/ng/	Put the ring on her finger				
/f/	I have five fingers				
/v/	Drive a van				
/l/	I like yellow lollipops				

Sound	Stimulus	Hypo	Hyper	Cul-d	WNL
/s/	I see the sun in the sky				
/z/	Zip up your zipper				
/j/	She went shopping				
/t/	I ride the choo choo train				
/d3/	John told a joke to Jim				
/r/	Randy has a red fire truck				
/er/	The teacher and the doctor are here				
/th/	thank you for the toothbrush				
Blends	Splash sprinkle street				
/p/	Popeye plays in the pool				
/d/	Do it for daddy				

12 Oral facial exam results

- ☐ Results were within normal limits ☐ Abnormal results Notes:

13 Cranial nerve exam results

Trigeminal nerve: V
☐ WNL
☐ Abnormal in one of the following areas: (circle)

Jaw function
 Open and close mouth
 Palpitate masseter muscle
 Symmetrical movement

Vagus nerve: X
☐ WNL
☐ Abnormal in one of the following areas: (circle)

Laryngeal elevation with swallow
 Palatal elevation and symmetry
 Nasal resonance
 Wet voice quality

Hypoglossal: XII
☐ WNL
☐ Abnormal in one of the following areas: (circle)

Tongue movements
 Lower motor neuron problems
 Upper motor neuron problems

Facial: VII
☐ WNL
☐ Abnormal in one of the following areas: (circle)

Symmetry
 Round lips for "u"
 Protrude/retraction
 Drooling, Raise eyebrows
 Close eyes

Vestibulocochlear: VIII
☐ WNL
☐ Abnormal in one of the following areas: (circle)

Middle ear problems
 PE tubes
 Inner ear function

Clinician (print): _____

Clinician's signature _____

Date _____