

Writing Simplified Reports

Christine MacNeill

This project was inspired by my personal reflections during a preschool speech and language initiative placement. I noticed how diverse our family profiles were and how my supervisor and I were adjusting our “scripts” when it came to explanations and questions during the parent interviews. We were collecting the same information on milestones and previous medical history, however our examples and language was purposefully altered to meet the family where they were at. This was a wonderful skill to learn, however when it came to our report writing we were using the same template. I wanted to challenged myself in designing reports that provided an easy flow and used “plain language” to suit specific reader academic/language levels. Just like our assessments were personally tailored, I wanted to see what it would take to tailor two reports and have them differ in grade level readability. The end goal was to have created reports that were accessible to families from all backgrounds and education levels, so they could follow along and grasp what their child’s strengths and needs were.

The 3 Reports Presented

1. Original (see p. 3)

Reading Ease Score: 50.4

Flesch-Kincaid Grade Level: 10.1

This first report is the original on which I based my two simplified reports. I admired the simplistic background information checklist and how each important speech and language domain was presented in its own paragraph. My observations were that there were large chunks of writing on the page, and some professional jargon was used with little explanation.

2. Report 1 (see p. 7)

Reading Ease Score: 61.3

Flesch-Kincaid Grade Level: 8.3

This report is the first simplified report. It was designed to have a forward flow that was easy to follow, hence the report was divided into three sections and the body encompassed a chart. I tried to create a personal and authentic tone that was more like talking to the Speech-Language Pathologist. I used Microsoft Word's *Reading Ease Score* to tell me the difficulty of the text, based on sentence length and syllables per word. The higher the number means the more easily understood. I then used the *Flesch-Kincaid Grade Level* to inform me of the school grade level of the text. Both these scores really work together in creating a text that is accessible to your target audience.

3. Report 2 (see p. 11)

Reading Ease Score: 76.3

Flesch-Kincaid Grade Level: 5.9

For this second report the same outline was used, however a more narrowed focus was directed on sentence length, sentence type and vocabulary. These three factors played a big role in dropping the report's reading grade level to six. Subtle wording changes affected the readability greatly (e.g., "errors" to "mistakes"). Also, more detail was added to explain the professional jargon and provide the reader with more understanding (e.g., social communication=ability to communicate and play with others).

SPEECH-LANGUAGE PATHOLOGY ASSESSMENT REPORT (ORIGINAL)

Name: X*
 DOB: XX/XX/XXXX
 Phone:
 Parents:
 Address:

Assessment Date: XX/XX/XXXX
 Caregiver in Attendance: Mother
 Location:
 C.A.: 3; 5

Source of Referral: Parent
 Reason for Referral: Fluency (Stuttering)

BACKGROUND INFORMATION [According to parent report]:

Pregnancy, labour, and delivery: Unremarkable
 Health History: No concerns reported
 Family History: No family history of speech, language, learning or hearing difficulties noted
 Developmental Milestones: Age appropriate
 Communication Milestones: Within normal limits
 Languages Spoken At Home: English (Primary) and XX (Secondary)
 Feeding/Swallowing Concerns: Picky eater (within the past 2-3 months)
 Daycare/School: Attends XX Daycare (fulltime)

RELATED INFORMATION: Not previously seen by a Speech-Language Pathologist

ASSESSMENT FINDINGS:

Evaluation based upon: Observations
 Parent Report
 Informal Assessment
 Formal Assessment

- Clinical Evaluation Of Language Fundamentals – P2 [CELF – P2]
- Structured Photographic Articulation Test (SPAT – D II)

Receptive Language (Understanding of Language): Reportedly, X* is able to follow multi-step directions (e.g., “Go to the kitchen, get your cup, and give it to me”). He understands WH questions (e.g., “Where’s Mommy?”) and basic concepts (e.g., big/little). During the assessment session, X* was able to follow multi-step instructions and answer WH questions. The *Basic Concepts* Subtest of the CELF – P2 was administered to assess X*’s knowledge of basic concepts (e.g. inside, big, sad, empty, hard etc.). He scored within the average range. Overall, X* presented with age appropriate receptive language skills.

Expressive Language (Use of Language): Reportedly, X* typically uses up to 4 to 5 - word sentences to communicate and is able to ask WH questions. During the assessment session, X* was observed to use sentences of appropriate length and complexity for his age (e.g., “No, it’s from my garden”, “Mom, can you play with me?”, “Mom, can you read this book to me?”, “I don’t have a plate”, “It’s my favourite colour”, etc.). The *Word Structure* Subtest of the CELF – P2 was administered to assess X*’s use of grammatical markers (e.g. plural /s/). He scored within the average range. Overall, X* presented with age appropriate expressive language skills.

Pragmatics (Social Language Skills): According to parent report, within the past 2-3 months X* has become more emotional and easily frustrated throughout day-to-day activities. He has been more hesitant to engage and share with his peers at daycare. During the assessment session, X* demonstrated sequenced pretend play (e.g., with the play food and the farm). He displayed engagement, eye contact, and joint attention. X* was also able to respond to his name. According to parent report, X* enjoys storytime and playing with Lego at home.

Articulation/Phonology (Speech Sounds): X*’s mother reported that X*’s family understand him 90% of the time and unfamiliar listeners understand him approximately 50% of the time. The SPAT – D II was administered to assess X*’s speech sound skills. He presented with age appropriate errors (e.g., replacing /sh/ with /ts/, /ch/ with /d/, and with /f/ or /d/. Overall, X*’s speech was clear and intelligible in context.

Voice/Resonance: No concerns noted or observed.

Fluency (Stuttering): Reportedly, X* stutters at the beginning of words and on certain sounds. He tends to “get stuck” blocking more often than repeating a sound. According to parent report, X*’s blocks can last up to one minute. X*’s stuttering severity has been consistent since it started in XX/XXXX. Reportedly, X* does not display any secondary behaviours (e.g. eye blinks or hand squeezing). X* does have awareness of his dysfluencies, and his mother noted that X* gets frustrated and stops speaking if he gets stuck on a word. During the assessment session, X* demonstrated two moments of atypical dysfluencies (a block and a repetition) and some more typical dysfluencies were observed. X*’s mother gave X* a recent stuttering severity rating of 8 (10 being the most severe/significant stuttering noted and 1 being stutter free/fluent speech).

Oral Motor Examination: Not assessed at this time.

Early Literacy Skills (Reading): According to parent report, X* enjoys looking at books and is able to count and recognize letters. X* can fill the blank in his favourite part of books, makes comments about pictures, and coordinate the word on the page with pictures.

Behaviour: Reportedly, X* is able to follow daily routines and transition between activities. However, he has recently become more resistant (tantrums, crying, and hitting) while following routines at home. During the assessment session, X* was co-operative with transitioning from informal play to formal testing.

Hearing: According to parent report, X*'s hearing was screened at birth and he passed his infant hearing screening test. A hearing assessment was recommended.

SUMMARY:

In summary, X* presented with age appropriate speech and language skills. He also demonstrated a few atypical dysfluencies.

At 3 years of age a child:

- Has 900-1000 different words in his/her vocabulary
- Uses sentences of 3 or more words (e.g., "Mommy read it")
- Asks questions (e.g., Who, Where, Why)
- Talks about things that happened in the past
- Tells a simple story
- Speaks clearly enough for people outside the family to understand (most of the time)
- Puts sounds at the beginning and end of most words
- Follows 2-part directions without gestures (e.g., "Go to the kitchen and get your hat")
- Uses early pronouns (e.g., I, me, you).

RECOMMENDATIONS/PLAN:

A communication milestone checklist was reviewed with X*'s mother and the undersigned Speech-Language Pathologist discussed typical versus atypical dysfluencies. X*'s mother was encouraged to keep track of X*'s stuttering severity ratings daily.

Fluency enhancing strategies reviewed:

- 1) Speak slowly, using shorter sentences when speaking to your child
- 2) Be a good listener and attend to what your child is saying

- 3) Avoid interrupting your child (take turns talking)
- 4) Don't tell your child to "slow down" or "think about what he/she is going to say"
- 5) Talk about what you are doing together, seeing, or feeling instead of asking questions
- 6) Avoid negative reactions to your child's dysfluent speech and praise your child for talking and playing together.

PLAN:

X's mother was given a XX home program and a stuttering severity daily log. A speech and language re-assessment was recommended in XX/XXXX at the XX Clinic to monitor X*'s grammar, speech sounds, and fluency. X*'s family will be contacted to schedule the re-assessment appointment. X*'s mother provided informed consent to the intervention plan.

It was a pleasure meeting X* and his mother. If you have any questions or concerns please feel free to contact the undersigned clinician.

Speech-Language Pathologist

cc: Physician
 Daycare
 Family

SPEECH AND LANGUAGE REPORT (REPORT 1)

Dear Mrs. X and Mr. X,

This report contains the information I gathered from talking with Mrs. X, my observations, and formal tests during X*'s assessment on XX/XX/XXXX. My thoughts on X*'s speech and language skills are included. This report is divided into 3 sections: before assessment, during assessment and end of assessment. I've also included the next steps for X* that were discussed with Mrs. X. If you have any questions after reading this report, please feel free to contact me. It was a pleasure to meet X* and Mrs. X.

BEFORE THE ASSESSMENT

Before I started the assessment I obtained consent from Mrs. X to release any health information to yourselves, your family physician and X*'s daycare. I then explained how our clinic involves students. I proceeded to ask if the clinic could contact your family about research projects and Mrs. X agreed. Mrs. X told me her main concerns for the referral was X* "getting stuck on his words". There was no other family history related to this concern.

DURING THE ASSESSMENT

I spent most of the assessment asking Mrs. X questions about X*'s speech and language. I listened to Mrs. X's concerns and observed X*'s play skills. I administered two formal tests that compared X*'s scores to the scores of other children his age. Below is all the information split into the different areas Speech-Language Pathologists look at.

Speech and Language Areas	Observations
<p>Ability to understand language (Receptive Language)</p> <p>✓ Age appropriate</p>	<p>X* was able to follow multi-step directions (e.g., "Go to the kitchen, get your cup, and give it to me"), understand questions (e.g., "Where's Mommy?") and basic concepts (e.g., "Point to the big shoes").</p> <p><u>Formal Tests</u></p> <p>One part of the <u>CELF – P2</u> (<i>Basic Concepts</i> Subtest) was used to look at X*'s understanding of basic concepts (e.g. inside, big, sad, empty, hard etc.). His scores were appropriate compared to peers his age.</p>

<p>Ability to express oneself (Expressive Language)</p> <p>✓ Age appropriate</p>	<p>When talking to the clinician, X* used up to 4 to 5 words in his sentences and was asking mom questions. Some examples of his sentences were: “No, it’s from my garden”, “Mom, can you play with me?”, and “Mom, can you read this book to me?”.</p> <p><u>Formal Tests</u></p> <p>One part of the <u>CELF – P2 (Word Structure Subtest)</u> was used to look at X*’s use of grammatical markers (e.g. plural /s/, -ing, past tense.). His scores were appropriate compared to peers his age. Sometimes, he said “He” instead of “She”.</p>
<p>Social Communication</p> <p>✓ Age appropriate</p>	<p>X* wanted mom to join in his play. To get her attention he said, “Mom want to play with me?” while looking at her. X* played with the kitchen and food. He pretended to make soup for the clinician. He also looked at the clinician when she called his name.</p> <p>Mom mentioned that X* has become more emotional and easily frustrated throughout the day. X*’s daycare mentioned he doesn’t like to share with his peers as much.</p>
<p>Pronunciation of Speech-Sounds</p> <p>✓ Age appropriate</p>	<p>X*’s mother told the clinician that X*’s family understands what he is saying almost all of the time, and unfamiliar listeners understand him half of the time.</p> <p><u>Formal Tests</u></p> <p>The <u>SPAT – D II</u> was used to look at all the speech-sounds X* has. Some errors X* made were:</p> <ul style="list-style-type: none"> • Replacing /sh/ with /ts/, /ch/ with /d/, and with /f/ or /d/. <p>These errors are common for children his age.</p>

<p>Voice Quality</p> <ul style="list-style-type: none"> ✓ No concerns 	<p>No concern about X* sounding nasally, hoarse or raspy when talking.</p>
<p>Stuttering (Fluency)</p> <ul style="list-style-type: none"> ◆ Monitor 	<p>Mom mentioned that X* “gets stuck” on sounds at the beginning of words. X* does get frustrated when his forward flow of speech gets interrupted. He demonstrates this by not finishing what he is trying to say.</p> <p>During the assessment, X* had two moments where the forward flow of speech was stopped.</p> <p>X*'s mother gave X* a stuttering severity rating of 8 (10 being the most severe and 1 being fluent speech).</p>
<p>Behaviour</p> <ul style="list-style-type: none"> ✓ No concerns 	<p>X* is able to get ready for school, get dropped off at daycare and follow bedtime routines. Mom mentioned to the clinician that X* has become more stubborn (tantrums, crying, and hitting) while following routines at home.</p> <p>During the assessment, X* followed the clinician’s directions to tidy up the toys he was playing with, so they could look at a book together.</p>
<p>Hearing</p> <ul style="list-style-type: none"> ✓ No concerns ✓ Hearing assessment was recommended 	<p>Mom mentioned X*'s hearing was tested at birth and he passed his infant hearing screening test.</p>

<p>Early Literacy Skills</p> <p>✓ Age appropriate</p>	<p>Mom mentioned, X* enjoys looking at books and can count past 15. He also knows the letters of the alphabet. X* can fill the blank in his favourite part of books, make comments about pictures, and match certain words on the page with pictures.</p>
--	---

END OF THE ASSESSMENT

I informed Mrs. X of my thoughts on X*'s speech and language skills. Overall, we talked about how X*'s ability to understand language, verbally express himself, and use clear speech sounds matches with the level other children his age are at. I said that I did notice two uncommon moments where X*'s forward flow of speech was disrupted. This means I would like X* to come back in again to see if these moments are stopping him from communicating effectively.

Next Steps:

I have no major concerns that make me feel X* needs individual therapy currently. The clinic will contact your family to schedule the re-assessment appointment around January 2018. Until then, work through the He/She/They activities I gave Mrs. X and record in the stuttering log everyday.

Helpful Tips:

- 1) Try not to make negative responses when your child's forward flow of speech gets interrupted. Be positive when your child is talking and playing with you.
- 2) Be a good listener and pay attention to what your child is saying
- 3) Don't tell your child to "slow down" or "think about what he/she is going to say"

Formal Testing:

- Clinical Evaluation Of Language Fundamentals – P2 [CELF – P2]
- Structured Photographic Articulation Test (SPAT –D II)

Christine MacNeill, B.A.
Student Clinician

SPEECH AND LANGUAGE REPORT (REPORT 2)

Dear Mrs. X and Mr. X,

This report has information I collected for X*'s assessment on XX/XX/XXXX. In the report you will find details on X*'s speech and language skills. You will see the report has 3 sections: before assessment, during assessment and end of assessment. At the end, you will find helpful tips to try at home. If you have any questions, please feel free to contact me. I enjoyed meeting X* and Mrs. X.

BEFORE THE ASSESSMENT

The forms Mrs. X signed said I could send this report to your family, your doctor and X*'s daycare. Mrs. X understood that the clinic includes students and said it would be okay if the clinic called her about research projects. Mrs. X told me she was worried X* was getting stuck on his speech sounds. Mrs. X told me nothing else that I felt we had to cover.

DURING THE ASSESSMENT

I asked Mrs. X questions about the way X* communicates. Mrs. X and I talked about the worries she had, and I watched X*'s play skills. I got X* to answer questions from the two picture books I showed him. The table shows you all the speech and language areas Speech-Language Pathologists look at.

Speech and Language Areas	Observations
<p>Ability to understand what other people are saying (Receptive Language)</p> <p>✓ Age appropriate</p>	<p>X* was able to follow directions (e.g., "Go to the kitchen, get your cup, and give it to me"), understand questions (e.g., "Where's Mommy?") and basic concepts (e.g., "Point to the big shoes").</p> <p><u>Formal Tests</u></p> <p>Part of the <u>CELF – P2</u> called the <i>Basic Concepts</i> Subtest was used to look at X*'s understanding of concepts (e.g. inside, big, sad, empty, hard etc.). His answers were appropriate when compared to children his age.</p>
<p>Ability to express oneself (Expressive Language)</p>	<p>X* used up to 4 to 5 words in his sentences and was asking mom questions.</p>

<p>✓ Age appropriate</p>	<p>Some examples of his sentences were: “No, it’s from my garden”, “Mom, can you play with me?”, and “Mom, can you read this book to me?”.</p> <p><u>Formal Tests</u></p> <p>Part of the <u>CELF – P2</u> called the <i>Word Structure</i> Subtest was used to look at X*’s grammar skills (e.g. plural /s/, -ing, past tense). His answers were appropriate when compared to children his age. Sometimes, he said “He” instead of “She”.</p>
<p>Ability to communicate and play with others (Social Communication)</p> <p>✓ Age appropriate</p>	<p>X* wanted mom to join in his play. To get her attention he said, “Mom want to play with me?” while looking at her. X* played with the kitchen and food. He pretended to make soup for the clinician. He also looked at the clinician when she called his name.</p> <p>Mom mentioned that X* has become more upset throughout the day. X*’s daycare told Mom that he does not like to share with the other children as much.</p>
<p>Ability to clearly say sounds in words and sentences (Pronunciation of Speech Sounds)</p> <p>✓ Age appropriate</p>	<p>Mom told the clinician that X*’s family understands what he is saying almost always. Mom also said people who don’t know X* understand him half of the time.</p> <p><u>Formal Tests</u></p> <p>The <u>SPAT – D II</u> was used to look at all the speech-sounds X* has. Some mistakes X* made were:</p> <ul style="list-style-type: none"> • Saying /ts/ for /sh/, /d/ for /ch/, and /d/ for /f/ <p>A lot of children X*’s age make these mistakes.</p>
<p>How his voice sounds to others (Voice Quality)</p> <p>✓ No concerns</p>	<p>No concern about X* sounding like he has a cold or has been yelling a lot.</p>

<p>Stuttering (Fluency)</p> <ul style="list-style-type: none"> ◆ Monitor 	<p>Mom mentioned that X* “gets stuck” on sounds at the beginning of words. X* does get frustrated when his forward flow of speech gets blocked up.</p> <p>Two times during the assessment, X*'s forward flow of his speech was stopped.</p> <p>X*'s mother gave X* an 8/10 for his stuttering severity. This means she really notices when his forward flow of speech gets stopped.</p>
<p>Behaviour</p> <ul style="list-style-type: none"> ✓ No concerns 	<p>X* is able to get ready for school, get dropped off at daycare, and follow his bedtime routine. Mom mentioned to the clinician that X* has become more stubborn (tantrums, crying, and hitting) while following routines at home.</p> <p>During the assessment, X* tidy up the toys he was playing with when the clinician asked him to.</p>
<p>Hearing</p> <ul style="list-style-type: none"> ✓ No concerns ✓ Hearing test was suggested 	<p>Mom mentioned X*'s hearing was tested at birth and he passed.</p>
<p>Early Reading Skills</p> <ul style="list-style-type: none"> ✓ Age appropriate 	<p>Mom mentioned, X* enjoys looking at books and can count past 15. He also knows the letters of the alphabet. X* can fill the blank in his favourite part of books, make comments about the pictures, and match words on the page to pictures.</p>

END OF THE ASSESSMENT

I told Mrs. X my thoughts on X*'s speech and language skills. I said X*'s ability to understand language, express himself, and clearly produce speech sounds matches with the level other children his age are at. I said that I did notice two times where X*'s

forward flow of speech was stopped. In a couple months I would like X* to come back to the clinic so I can see if he is saying everything he wants to say.

Next Steps:

I have no major worries that make me want X* to see a Speech-Language Pathologist directly. The clinic will contact your family to plan the next time X* will come back. This would be around January 2018. When at home with X*, work through the He/She/They games and record in the stuttering chart everyday.

Helpful Tips:

- 4) Try not to make negative responses when your child's forward flow of speech gets blocked. Be positive when your child is talking and playing with you
- 5) Be a good listener and pay attention to what your child is saying
- 6) Don't tell your child to "slow down" or "think about what he/she is going to say"

Tests:

- Clinical Evaluation Of Language Fundamentals – P2 [CELF – P2]
- Structured Photographic Articulation Test (SPAT –D II)

Christine MacNeill, B.A.
Student Clinician