



Healing Hands Home Health Care
Speech Pathology Evaluation

Name: _____ Date: _____

Time In: _____ Time Out: _____

Physician : _____ Diagnosis: _____

Certification Period: _____ To _____

Prior Treatment/ Services: _____

Subjective History: _____

Mark the following chart with a check using the following scale.
 1. Within Functional Limits 2. WFL (w/ cueing Augmentative Devices) 3. Mild Impairment
 4. Moderate Impairment 5. Severe Impairment 6. Non- Functional 7. Not Tested.

Receptive Communication

	1	2	3	4	5	6	7	Comments
Hearing								
Auditory Comprehension								
Visual Comprehension								
Speech Reading								
Reading Comprehension/ Skill								
Receptive Gestures								

Expressive Communication

	1	2	3	4	5	6	7	Comments
Speech								
Language RFormation								
Intelligibility								
Fluency								
Voice								
Alaryngeal Speech								
Writing Comprehension/ Skill								
Non-verbal Communication								
Emergency Response								

Notes: _____

Language Barrier: _____ Learning Barrier: _____

Functional Assessment: _____

General Mobility: _____

Posture/ Positioning: _____

Home/ Money Management: _____

Emergency Response Needs: _____

Endurance: _____

- Caregiver willing and able to assist in care
- Caregiver with limited willingness or ability to assist in care
- No caregiver available



Healing Hands Home Health Care
Speech Pathology Evaluation con't

Swallowing Function Status

<p>Instrumental Swallowing Assessment (fluoroscopy, endoscopy, etc...)</p>	<p>Structural Assessment (jaw, lips, tongue, teeth, hard/soft plate, larynx, pharynx, oral mucosa)</p>
<p>Functional Assessment (symmetry, sensation, strength, tone, range/rate of motion, coordination/timing of movements, head/neck control, posture.)</p>	<p>Swallowing Assessment (sucking, mastication)</p>