Adult Speech and Language Evaluation  
ASU Speech and Hearing Clinic  
Fall Testing

Name: _____________________________________  Date: ________________
Examiner(s) __________________________________   Age: ________________

Instructions: Administer the following screening tools and standardized tests/batteries. You may use this sheet for quick notes and data collection for the screening tools. Please use the protocols for the standardized assessments. Once you have completed your assessment and scored your protocols, please use the template for SHS 580 Adult testing to provide a brief, but formal narrative of results.

Handedness: □Right    □Left    □Ambidextrous

Vision (by client report): □Unimpaired    □Aided: Reading/distance; glasses/contacts

Hearing (by client report): □Unimpaired    □Impaired but unaided    □Impaired and aided (specify): _____________________

Hearing (clinician observation): □WFL for 1:1 clinical interactions in quiet room  
□Client requires repetition or does not appear to hear all stimuli (screening or full audiologic evaluation may be recommended)

ESL: □No    □Yes (specify native language): _____________________  
Client reports difficulties with English: □No    □Yes: _____________________

Oral Motor Examination: Please use attached Brief Oral Motor Examination form.

Speech:
Fluency/reading rate: Rainbow passage time  
# of words =329   WPM_______
Within or above SD yes/no
(Reading Rates: Rainbow Passage: Males 188.4 (19.7); Female 187.6 (21.4))

Articulation/Intelligibility rating: Excellent  Good  Fair  Poor

Sounds deviations? _____________________
Prosody: Normal  Abnormal
Pitch: Normal  High  Low  Breaks
Loudness: Normal  loud  quiet
**Verbal Fluency:** Please use attached Controlled Oral Word Association form.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Count</th>
<th>Within SD?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“F”</td>
<td>_____</td>
<td>Yes/No</td>
</tr>
<tr>
<td>“A”</td>
<td>_____</td>
<td>Yes/No</td>
</tr>
<tr>
<td>“S”</td>
<td>_____</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Total FAS</td>
<td># _______</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Cognitive-Linguistic:** Wechsler Memory Scale – 4th Edition (WMS-IV) –

Client expresses concerns about any of the following (circle any that apply): speech, language, hearing, problem-solving, memory, attention/concentration, other: ________________

Other observations/questions: