Spring, 2017

SACRAMENTO STATE DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
COURSE SYLLABUS

Class Information
Course #: SPHP 242B
Title: Methods, Child Language Disorders
W: 10:00-11:00 a.m. Shasta 250
Office hrs: **(W/Th) 1:30-4:00

Personal Information
Instructor: Dr. Robert Pieretti
Office: Shasta Hall 166
email: rpieretti@csus.edu

**Please Schedule office hours at the front desk in the Maryjane Rees Language, Speech, and Hearing Center, first floor of Shasta Hall, or call (916) 278-6601

Place of Course in Program:
The purpose of this graduate seminar is to introduce student clinicians to methods, materials, and procedures currently in use with children demonstrating developmental language disorders. **Prerequisite:** SPHP 223, SPHP 242A, Instructor Permission **Corequisite:** SPHP 243B.

Course Objectives:
1. Introduce the student to tools and techniques to use in assessing receptive/expressive language skills in children with language disorders.
2. Explain how to effectively treat oral-written language disorders in children.
3. Explain how to write professional reports with diagnostic statements, goals and objectives.
4. Illustrate how to measure and report treatment outcomes.
5. Demonstrate how to integrate clinical goals and objectives with the client's functional daily living.
6. Review principles for effectively working with clients' family members or caregivers in carryover of clinical goals.
7. Model how to facilitate discussions with other clinicians through case presentations.

Learning Outcomes Competencies: Language Disorders Across the Lifespan (SPHP 242B)
Mastery of each student learning outcome listed below is indicated by a grade of B or better on each component of the corresponding measures listed in the table. Students are required to track their progress towards meeting each learning outcome and must make an appointment with the instructor for any grade equal to or less than a B. The instructor will suggest strategies to help you establish competence and knowledge in these areas.

Students should track their progress towards meeting each learning outcome by listing their grades on the table below over the course of the semester.

**SPHP 242 B Specific Student Learning Outcomes:** Upon completion of this course, students will:
1. Demonstrate ability to use appropriate tools and techniques in assessing receptive/expressive language skills in children with language disorders.
2. Demonstrate ability in effectively treating oral-written language disorders in children.
3. Write professional reports with diagnostic statements, goals and objectives.
4. Practice measuring and reporting treatment outcomes.
5. Integrate clinical goals and objectives with the client's functional daily living.
6. Apply principles for effectively working with clients' family members or caregivers in carryover of clinical goals.
7. Facilitate discussions with other clinicians through case presentations.

<table>
<thead>
<tr>
<th>Course Learning Outcome</th>
<th>Components Indicating Competence</th>
<th>Grades Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Class participation (100%); Case Presentation (100%)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Class participation (100%); Case Presentation (100%)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Class participation (100%); Goal</td>
<td></td>
</tr>
<tr>
<td><strong>Course Schedule:</strong></td>
<td><strong>DATE</strong></td>
<td><strong>TOPIC</strong></td>
</tr>
<tr>
<td>----------------------</td>
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<td>-----------</td>
</tr>
</tbody>
</table>
| **WEEK #1** | 1/25/17 | Overview of course: Review language assessment areas; specific tests; interview questions  
Discus clients assigned.  
Clinic to begin week of 2/6/17; Set up initial appointments with your Clinical Instructor now; Set up weekly appointment times with your Clinical Instructor now: These may be conducted in group format depending on what your Clinical Instructor and group decide, but you may request an individual meeting at any time.  
**Begin writing your INITIAL CASE REPORT during your file review!!** | Shipley book; class notes from SPHP112, SPHP 125, SPHP 222, and SPHP 223; Client files; REEL; MacArthur; Rosetti; CELF-5; CTOPP-2; TOPL-2; PLS-5; Posted LinguiSystems milestone charts |
| **WEEK #2** | 2/1/17 | Initial and final report formats; SOAP notes format; Triangle of Assessment;  
Continue to discuss clients assigned. | Posted Assessment Triangle |
| **WEEK #3** | 2/8/17 | **Clinic begins this week.**  
Assessing for Literacy Lecture  
Hot Topics from Clinic | Posted PPT  
Posted “Simple View” handout |
| **WEEK #4** | 2/15/17 | Assessing for Literacy Activity  
Hot Topics from Clinic | Posted PPT; Handouts |
| **WEEK #5** | 2/22/17 | Review report formats and standard scores across the diagnostic team………  
Hot Topics from Clinic | Posted report templates  
Posted Standard Score Handout |
| **WEEK #6** | 3/1/17 | Writing goals and objectives clinical way  
Hot Topics from Clinic |  
|  
| **Tentative Schedule:** |
| Week #7 | 3/8/17 | Writing goals and objectives to the Common Core Standards  
Hot Topics from Clinic |
|--------|--------|---------------------------------------------------------------|
| Week #8 | 3/15/17 | **Objective writing workshop with peers**............  
**MID SEMESTER EVALUATION MEETINGS DUE THIS WEEK. Check specific date with your Clinical Instructor..........** |
| Week #9 | 3/22/17 | **Spring Break** |
| Week #10 | 3/29/17 | **Topic of the Day: Phonological Awareness and Morphological Awareness**  
Hot Topics from Clinic  
Case presentations/technique teaching  
**Begin Post-testing and planning/writing your FINAL CASE REPORT**  
**Clinical and Common Core Goals Due** |
| Week #11 | 4/5/17 | **Topic of the Day: Semantics**  
Hot Topics from Clinic  
Case presentations/technique teaching |
| Week #12 | 4/12/17 | **Topic of the Day: Syntax, Oral Narrative, Modified RAVE-O, Expository Texts (new focus with the Common Core Standards)**  
Hot Topics from Clinic  
Case presentations/technique teaching  
**INITIAL DRAFT OF FINAL CASE REPORT DUE APPROXIMATELY THIS WEEK: Check specific date with your Clinical Instructor......** |
| Week #13 | 4/19/17 | **Topic of the Day: Social Pragmatics**  
Hot Topics from Clinic  
Case presentations/technique teaching |
| Week #14 | 4/26/17 | Hot Topics from Clinic  
Case presentations/technique teaching |
| Week #15 | 5/3/17 | **Last Class If Done With Presentations**  
Review of your experience in LII “AHAs.” Tell us what your favorite child language therapy technique and material has been. |
Wrap up. Clinical Instructor and Methods Course Evaluations.

REGULAR CLINIC ENDS WEEK OF 5/1. All make-ups must be completed by 5/12/16.
Remember, all final reports AND required paperwork must be completed, signed, distributed to the client, and filed on the last scheduled therapy day for each of your clients.
Final evaluation conference MUST take place by 5/12/16 unless otherwise scheduled.

CONGRATULATIONS!!!

<table>
<thead>
<tr>
<th>WEEK #16</th>
<th>TBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week # 17</td>
<td>Finals Week</td>
</tr>
</tbody>
</table>

Assignments:
1. Class participation: Attend and interact as described in the General Policies section of this syllabus
2. Turn in one “clinical” goal and the same goal written to the Common Core Standards
3. Case Presentations: Present a video of one client to the class for discussion. You must have selected a particular segment of video that demonstrates some teaching technique that you will show in video and demonstrate to the class. Don’t just show part of video you like because the client had a “good day.” We want to see the real thing—even if it didn’t work as well as you would have hoped. In these cases, we can problem solve how to modify the methods/materials you present. You will actually be teaching your fellow clinicians a therapy technique so be prepared to show your video, then instruct. ***Post a handout with client diagnosis, age, and goal the activity targets for your peers to SacCT. The handout must include specific instructions and pointers for each class member and be posted to SacCT PRIOR to your class presentation. Be sure to bring any necessary materials from the supply room as appropriate. We will break into teams of two and practice the therapy technique you have taught.

Grading:
A total of 300 points are possible. Your final grade will be calculated as a % of points out of 300 points. Points possible are assigned as follows:

| Class attendance and participation. This participation is defined as your team participation. Performance here is demonstrated by offering constructive observations and feedback regarding the cases of your colleagues as well as comments on assigned readings. Bottom line: If you don’t follow the attendance policy and participate in this methods class you won’t get an “A” grade in the course. | 100 points |
| Case presentation and Handout for Peers | 100 points |
| Clinic Goal and Common Core Goal | 100 points |
| Total | 300 points |

Final Grade:
Final grades assigned according to the following rubric:

<p>| 100-96% | A |
| 95-90% | A- |
| 89-87% | B+ |
| 86-83% | B |
| 82-80% | B- |
| 79-77% | C+ |</p>
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>76-73%</td>
<td>C</td>
</tr>
<tr>
<td>72-70%</td>
<td>C-</td>
</tr>
<tr>
<td>69-67%</td>
<td>D+</td>
</tr>
<tr>
<td>66-63%</td>
<td>D</td>
</tr>
<tr>
<td>62-60%</td>
<td>D-</td>
</tr>
<tr>
<td>Below 60%</td>
<td>F</td>
</tr>
</tbody>
</table>

**General Policies:**

**Presentations:** Late presentations will drop your FINAL grade one letter grade per week late.

**Attendance.** This course involves verbal interaction among the students and the instructor. You cannot really “get” what was covered in class via classmates’ notes. A modified Socratic method will be employed, whereby students will be called upon randomly to contribute to classroom discussions. Because of this, class attendance is required. Roll will be for the entire group each day and roll will be taken on an individual basis via the Socratic method: If you are not in class or not present when your name is selected for discussion, you will be considered absent. You must report absences to Dr. Pieretti via email prior to class meetings. Excused absences will be granted for documented emergencies or conflicts: **You must provide written documentation of the emergency or conflict to the instructor.** All other absences will be considered unexcused. **Two or more (2) unexcused absences will result in your final grade dropping one letter grade via reduction of the 100 participation points.** Working as a Speech-Language Pathologist requires being present, on time, and prepared. Practicing those skills now will prepare you for what this career will be like. If you do need to miss a class, you are responsible for all materials covered in your absence. This means you must get any materials handed out during your missed session from a classmate, not the instructor.

**Class meetings and participation:** Lecture + discussion + observation format will be followed. Because this is a seminar, active listening, participation, and problem solving is expected. For example when you are listening to another student present his/her ideas, you should take notes and offer suggestions. Comments such as “I agree” or “great idea,” are okay. Substantive participation (e.g., comments that help advance the discussion, or that help develop a new angle on a problem) is considered to be far more meaningful participation. Speech-Language Pathology is a profession in which you need to actively problem solve at all times.

**Student Concerns/Course Accommodations:** Any student who does not understand or accept the contents or terms of this syllabus must notify the instructor in writing within one week of receiving this syllabus to schedule a meeting to discuss the student’s concerns.

Any student that requires course accommodations based on documentation provided by Campus Services for Students with Disabilities must provide required documentation from Students with Disabilities within one week of receiving this syllabus and before examinations (if appropriate).
This course has been designed to be in direct support of the following American Speech-Language Hearing Association (ASHA) Knowledge and Skills Acquisition for certification in Speech-Language Pathology:

<table>
<thead>
<tr>
<th>Standard</th>
<th>SubCategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard IV-C: The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: 1. articulation; 2. fluency; 3. voice and resonance, including respiration and phonation; 4. receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing; 5. hearing, including the impact on speech and language; 6. swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology); 7. cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); 8. social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities); 9. augmentative and alternative communication modalities.</td>
<td></td>
</tr>
</tbody>
</table>

Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

- **Etiologies**
- **Characteristics**

| Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates |

Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

- **Prevention**
- **Assessment**
- **Intervention**

Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)

- **Prevention**
- **Assessment**
- **Intervention**

Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)

- **Prevention**
- **Assessment**
- **Intervention**

Augmentative and alternative communication modalities

- **Assessment**
- **Intervention**
Standard V-B: The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes

1. Evaluation (program must include all skill outcomes listed in a-g below for each of the 9 major areas in IV-C)
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention (program must include all skill outcomes listed in a-g below for each of the 9 major areas in IV-C)
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer

- Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
| 3. Interaction and Personal Qualities | a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.  
| | b. Collaborate with other professionals in case management.  
| | c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.  
| | d. Adhere to the ASHA Code of Ethics and behave professionally. |
Comparing students with Dyslexia, a Specific Comprehension Deficit, and a Mixed Decoding/Comprehension Deficit to their Typically Developing peers

<table>
<thead>
<tr>
<th></th>
<th>Dyslexia</th>
<th>Specific Comprehension Deficit</th>
<th>Mixed Decoding/Comprehension Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Listening Comprehension</strong></td>
<td>Average to above average</td>
<td>Below average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Reading Comprehension</strong></td>
<td>Below average</td>
<td>Below average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Oral Language Skills</strong></td>
<td>Average to above average</td>
<td>Below average in one or more sub-components of language</td>
<td>Below average in one or more sub-components of language</td>
</tr>
<tr>
<td><strong>Decoding/Spelling</strong></td>
<td>Below average</td>
<td>Average or above average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Reading nonsense words</strong></td>
<td>Below average</td>
<td>Average or above average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Phonological Processing</strong></td>
<td>Below average</td>
<td>Average or above average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Cognitive Ability</strong></td>
<td>Average to above average</td>
<td>Average to below average</td>
<td>Average to below average</td>
</tr>
</tbody>
</table>

The Maryjane Rees Language, Speech, and Hearing Center

Maryjane Rees Language, Speech and Hearing Center  
Department of Speech Pathology and Audiology  
California State University, Sacramento  
6000 J Street  
Sacramento, CA 95819-6071  
T:(916) 278-6601  F:(916) 278-7730

Initial Case/Final Case/Assessment Report  
Spring/Fall Semester (year)

Client Name: xxxx Smith  
Date of Birth: xx/xx/xx  
Age: 7-1  
Parents: Mr. & Mrs. Smith  
Address: 1234 Sloan Ct.
Phone: 916-723-0000

Graduate Clinician: Sam Speech, B.S.
Clinical Instructor: Laverne Language, M.S., CCC-SLP

Diagnoses: Language-Based Reading Problem  Long Term Goal: Improve Ability to Decode Words

REFERAL AND COMMUNICATION CONCERNS
XXXXX, a seven year, one month old female was referred to the Maryjane Rees Language, Speech and Hearing Center (MRLSHC) by her teacher, Ms. Smith, at Bonwood Elementary School. She was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

PERTINENT HISTORY
The following information was obtained through a parent questionnaire and an interview with Mrs. XXXXX on January 26, 2014. All information obtained was reviewed and confirmed by Mrs. XXXXX on January 26, 2014.

Pregnancy and Birth:
Mrs. XXXXX reported that XXXXX was born three weeks early at the gestational age of 34 weeks. Labor was induced due to concerns about XXXXX’s varying heart rate secondary to a knotted umbilical cord. XXXXX was ultimately born healthy via cesarean section without complications.

Medical:
Mrs. XXXXX reported that XXXXX was taking no medications at the time of the assessment and that she was in good health.

Mrs. XXXXX reported that XXXXX was diagnosed with acid reflux at the age of three. No treatment was initiated and she subsequently “outgrew” it. At the age of three years, six months, XXXXX experienced a neurological incident in which she lost consciousness for no apparent reason. Consequently, XXXXX was tested for neurological abnormalities, including epilepsy, and she wore a heart monitor for a month. The results yielded no diagnoses or specific causes for the loss of consciousness. She has had approximately three ear infections that were successfully treated with antibiotics. XXXXX’s allergies include mosquitos and sulfa antibiotics. She is currently undergoing testing for an allergy to gluten, as she does not tolerate it well.

Motor Development:
Mrs. XXXXX confirmed that XXXXX met all motor developmental milestones on time.

Vision and Hearing Acuity:
XXXXX has been prescribed corrective lenses for astigmatism, but she needs reminders to wear them. A hearing screening was conducted and passed at her latest check-up with her physician, Dr. XXX, in August 2013

Speech and Language:
While Mrs. XXXXX stated that she could not recall the specific ages, she indicated that XXXXX met all of the speech and language developmental milestones on time.
Education:
At the time of this report, XXXXX attended second grade at Bonwood Elementary School in the Sacramento City Unified School District. Mrs. XXXXX reported that her educational concerns began when XXXXX was in kindergarten. She resisted activities that involved books and writing, and she began to have difficulties with reading and spelling in the first grade curriculum. As a result, XXXXX experiences tremendous anxiety in the school environment. At the time of this report, XXXXX’s reading fluency was not at the expected benchmark for her grade and month and she was having difficulty with reading comprehension questions. The school was beginning the assessment process and her mother and teacher hope that she will qualify for an individualized education plan (IEP) to receive additional help with reading. A report from her teacher notes that while she has friends and participates in circle, math, and oral classroom activities well, she has specific difficulty with spelling, sounding out letters, and reading comprehension. She believes these deficits are hindering XXXXX’s academic progress.

Family/Social/Behavioral:
At the time of this interview, XXXXX lived at home with her mother, father, and 8 year-old brother. English is the primary language spoken in the home. She has a good relationship with all of her family members, and her mother reports that she follows directions well, both at home and at school.

ASSESSMENT & OBSERVATIONS

TEST RESULTS

The tests used have been validated for the specific purpose for which they are used and the results are considered to be valid unless otherwise stated in the text of the report

OR

The tests below should be viewed with caution and the results may have questionable validity because they were not primarily normed on students whose first language is not English (or students from any group you think may be penalized for having different backgrounds or experiences). This student may not have had experience with some of the material presented on these tests and the results may underrepresent his/her language/speech abilities.

AND

Effects of environment, culture or economic disadvantage are (or are not) known to be a factor in the student’s development of speech and language skills

Initial Observation:
When the clinician greeted XXXXX in the waiting room, she appeared quiet. She quickly warmed up, however, and was very compliant during testing. Over the course of the first session, XXXXX engaged in conversation appropriately and told the clinician several stories about her favorite pastime, swimming. She is on the junior swim team in her neighborhood.

Speech and Hearing:

Articulation:
No speech sound substitutions, omissions, or distortions were noted upon informal observation. XXXXX’s speech was judged to be 100% intelligible to both known and unknown listeners. It was noted that she had difficulty producing some multisyllabic words (geranium, elephant) when she was telling a story, however.
Voice/Fluency: 
Voice and fluency were assessed through conversational speech and were judged to be within normal limits for her age and gender.

Oral-facial/Oral Motor: 
An oral-facial examination was administered to assess the adequacy of the oral structures and their function for speech purposes. Facial features (face and jaw alignment) were symmetrical. Inspection of her dentition revealed a class two malocclusion (overbite); she appeared to have good oral hygiene. The structure and color of her palate, velum, and uvula were normal. Her lip symmetry and range of motion (ROM) were within normal limits. Her tongue color, size, strength, and ROM were also within normal limits. Finally, her diadochokinetic rate was judged to be within normal limits for her age.

Hearing: 
A peripheral hearing screening was conducted and passed at 25dB at the frequencies of 500, 1000, 2000, and 4000 Hz.

Language: 

**Test Administered:** *Clinical Evaluation of Language Fundamentals (CELF-5)* (Wiig, Semel, & Secord, 2013).

The CELF-5 was administered on January 26, 2014. This test “is an individually administered clinical tool for the identification, diagnosis, and follow-up evaluation of language and communication disorders in students aged 5-21 years.”

### Core Language Score and Indexes

<table>
<thead>
<tr>
<th>Score Description</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Language Score</td>
<td>123</td>
<td>94</td>
<td>“Above Average Range of Language Functioning”</td>
</tr>
<tr>
<td>Receptive Language Index</td>
<td>141</td>
<td>99.7</td>
<td>“Above Average Range of Language Functioning”</td>
</tr>
<tr>
<td>Expressive Language Index</td>
<td>124</td>
<td>95</td>
<td>“Above Average Range of Language Functioning”</td>
</tr>
<tr>
<td>Language Content Index</td>
<td>135</td>
<td>99</td>
<td>“Above Average Range of Language Functioning”</td>
</tr>
<tr>
<td>Language Structure Index</td>
<td>123</td>
<td>94</td>
<td>“Above Average Range of Language Functioning”</td>
</tr>
</tbody>
</table>

**Interpretation:** These composite scores have a mean of 100 and a standard deviation of 15. A score of 100 on this scale represents the performance of the typical student of a given age. Scores within one standard deviation of the mean (between 86 and 114) are considered “average.” All of XXXX’s scores were above this range.

**Discrepancy Comparisons:**
Through a computer analysis, XXXX’s performance on the Receptive Language Index was compared to her performance on the Expressive Language Index. The difference was seen to be statistically significant, indicating a relative strength with tasks that probe listening and auditory comprehension skills when compared to tasks that probe expressive aspects of language.

Through a computer analysis, XXXX’s performance on the Language Content Index was compared to her performance on the Language Structure Index. The difference was seen to be statistically significant, indicating
relatively less difficulty with tasks that probe semantic development when compared to tasks that require receptive
and expressive interpretation and production of sentence structures.

**Description of Core Language Score and Indexes (paraphrased from authors’ descriptions):**

**Core Language:** This score is a measure of general language ability and provides a way to quantify a student’s
overall language performance. It is comprised of four subtests that best discriminate typical from disordered
language performance: XXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.

**Receptive Language:** This index is a measure of a student’s performance on subtests designed to best probe
receptive aspects of language, including comprehension and listening. It can aid in determining the presence or
absence of a language disorder and is comprised of three subtests: XXXXXX, XXXXXXX, and XXXXXXX.

**Expressive Language:** This index is a measure of a student’s performance on subtests designed to probe
expressive aspects of language, including oral language expression. It can aid in determining the presence or
absence of a language disorder and is comprised of three subtests: XXXXXX, XXXXXXX, and XXXXXXX.

**Language Content:** This index is a measure of a student’s performance on subtests designed to probe vocabulary
and word knowledge. It is comprised of three subtests: XXXXXX, XXXXXXX and XXXXXXX.

**Language Structure:** This index is an overall measure of a student’s performance on subtests designed to probe
understanding and production of syntactical structures and morphology. It is comprised of four subtests:
XXXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.

**Subtest Scores:**

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Raw Score</th>
<th>Scaled Score</th>
<th>Percentile</th>
<th>Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence Comprehension</td>
<td>25</td>
<td>12</td>
<td>75</td>
<td>Average</td>
</tr>
<tr>
<td>Linguistic Concepts</td>
<td>22</td>
<td>9</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Word Structure</td>
<td>28</td>
<td>10</td>
<td>50</td>
<td>Average</td>
</tr>
<tr>
<td>Word Classes</td>
<td>40</td>
<td>19</td>
<td>99.9</td>
<td>Above Average</td>
</tr>
<tr>
<td>Following Directions</td>
<td>32</td>
<td>19</td>
<td>99.9</td>
<td>Above Average</td>
</tr>
<tr>
<td>Formulated Sentences</td>
<td>35</td>
<td>13</td>
<td>84</td>
<td>Above Average</td>
</tr>
<tr>
<td>Recalling Sentences</td>
<td>72</td>
<td>19</td>
<td>99.9</td>
<td>Above Average</td>
</tr>
</tbody>
</table>

**Interpretation:** These scaled scores have a mean of 10 and a standard deviation of 3. A scaled score of 10 describes
the average of a given age group. About 2/3 of all students with typical language development earn subtest scaled
scores within one standard deviation of the mean (between 8 and 12), the range of average performance.

XXXX’s scaled scores on the Sentence Comprehension, Linguistic Concepts, and Word Structure subtests were
within this range. Her scaled scores on the other subtests were all above this range.

**Description of subtests (paraphrased from authors’ descriptions):**

**Sentence Comprehension:** Used to evaluate the student’s understanding of grammatical rules at the sentence
level. The student responds to a sentence by pointing to the correct picture stimuli.

**Linguistic Concepts:** Used to evaluate the student’s ability to understand linguistic concepts such as middle,
different, and many. Some concepts require understanding of logical operations or connectives, such as and, or, all but
one. The student points to pictured objects in response to oral directions.

**Word Structure:** Used to evaluate the student’s knowledge of grammatical rules in a sentence completion task.
The student completes an orally presented sentence that pertains to an illustration.

**Word Classes:** Used to evaluate the student’s ability to understand relationships between words based on meaning.
features, function, or place or time of occurrence. The student chooses the two words (i.e., pictures or presented orally) that best represent the desired relationship.

**Following Directions:** Used to evaluate the student’s ability to (a) interpret spoken directions of increasing length and complexity, (b) follow the order of presented objects with varying characteristics such as color, size, or location, and (c) identify several pictured objects that were mentioned. The student identifies the objects in response to oral directions.

**Formulated Sentences:** Used to evaluate the student’s ability to formulate simple, compound, and complex sentences when given grammatical (semantic and syntactic) constraints. The student is asked to formulate a sentence, using target word(s) while using an illustration as a reference.

**Recalling Sentences:** Used to evaluate the student’s ability to recall and reproduce sentences of varying length and syntactic complexity. The student imitates sentences presented by the examiner.

**Pre-Reading Skills: Language-Based:**
XXXXX’s language and language based reading skills were assessed through formal testing using the Comprehensive Test of Phonological Processing-2 (CTOPP-2) and selected language and reading based subtests from the Woodcock-Johnson IV (WJIV). This specific battery of tests is often used to identify and define language based reading problems and developmental reading disabilities.

**Observation of Reading and Language Abilities:**
When XXXXX spoke, she used correct grammar and complex vocabulary. When she read, however, she appeared to struggle. For example, when she read from a story to the clinician from her school textbook, her reading was observed to be labored. When she was asked to read silently, she was observed to mouth each word separately. When presented with four comprehension questions based on the passage she read, her response latency averaged approximately 30 seconds or greater, and she only answered one question correctly.

**Test Administered:** Comprehensive Test of Phonological Processing2 (CTOPP2) [Wagner, Torgesen, Rashotte, & Pearson. (2013). Austin: Pro-Ed.]

The CTOPP2 was administered on January 26, 2014. The CTOPP2 is a norm-referenced test that measures phonological processing abilities related to reading. The term phonology refers to the sound system of language. Three kinds of phonological processing in particular appear to be especially relevant to the development of written language: Phonological awareness, phonological memory, and rapid naming. The authors further state that a deficit in one or more of these kinds of phonological processing abilities is viewed as the primary cause of learning disabilities in general, and of reading disabilities in particular. The results are as follows:

**Composite Scores**

<table>
<thead>
<tr>
<th>Composites</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonological Awareness</td>
<td>88</td>
<td>21</td>
<td>Below Average</td>
</tr>
<tr>
<td>Phonological Memory</td>
<td>88</td>
<td>21</td>
<td>Below Average</td>
</tr>
<tr>
<td>Rapid Symbolic Naming</td>
<td>67</td>
<td>1</td>
<td>Very Poor</td>
</tr>
<tr>
<td>Alternate Phonological Awareness</td>
<td>88</td>
<td>21</td>
<td>Below Average</td>
</tr>
</tbody>
</table>

**Interpretation:** These composite scores are based on a distribution with a mean of 100 and a standard deviation of 15. XXXX’s scores were within 1 standard deviation below the mean, with the exception of the Rapid Symbolic
Naming score, which was greater than 2 standard deviations below the mean.

### Subtest Scores

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Age Equivalent</th>
<th>Grade Equivalent</th>
<th>Scaled Score</th>
<th>Percentile</th>
<th>Score Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elision (EL)</td>
<td>6-9</td>
<td>1.7</td>
<td>8</td>
<td>25</td>
<td>Average</td>
</tr>
<tr>
<td>Blending Words (BW)</td>
<td>7-6</td>
<td>2.4</td>
<td>9</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Phoneme Isolation (PI)</td>
<td>6-6</td>
<td>1.4</td>
<td>7</td>
<td>16</td>
<td>Below Average</td>
</tr>
<tr>
<td>Memory for Digits (MD)</td>
<td>6-6</td>
<td>1.4</td>
<td>9</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Nonword Repetition (NR)</td>
<td>5-3</td>
<td>k.2</td>
<td>7</td>
<td>16</td>
<td>Below Average</td>
</tr>
<tr>
<td>Rapid Digit Naming (RD)</td>
<td>4-9</td>
<td>&lt;k.0</td>
<td>4</td>
<td>2</td>
<td>Poor</td>
</tr>
<tr>
<td>Rapid Letter Naming (RL)</td>
<td>5-3</td>
<td>k.2</td>
<td>5</td>
<td>5</td>
<td>Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Subtests</th>
<th>Age Equivalent</th>
<th>Grade Equivalent</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Score Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blending Nonwords (BN)</td>
<td>6-9</td>
<td>1.7</td>
<td>8</td>
<td>25</td>
<td>Average</td>
</tr>
<tr>
<td>Segmenting Nonwords (SN)</td>
<td>6-3</td>
<td>1.2</td>
<td>8</td>
<td>25</td>
<td>Average</td>
</tr>
</tbody>
</table>

Interpretation: These scaled scores are based on a distribution with a mean of 10 and a standard deviation of 3. Two subtest scores, Rapid Digit Naming and Rapid Letter Naming, are > 1.5 standard deviations below the mean. The other subtest scores are all at or within 1 standard deviation below the mean. XXXX demonstrated particular difficulty with phonological awareness items containing consonant blends.

Descriptions of Subtests (quoted directly from the manual):

- **Elision**: Measures the ability to remove phonological segments from spoken words to form other words
- **Blending Words**: Measures the ability to synthesize sounds to form words
- **Phoneme Isolation**: Measures the ability to isolate individual sounds within words
- **Memory for Digits**: Measures the ability to repeat numbers accurately
- **Nonword Repetition**: Measures the ability to repeat nonwords accurately
- **Rapid Digit Naming**: Measures the ability to rapidly name digits
- **Rapid Letter Naming**: Measures the ability to rapidly name letters
- **Blending Nonwords**: Measures the ability to synthesize sounds to form nonwords
- **Segmenting Nonwords**: Measures the ability to segment nonwords into phonemes

Overall CTOPP2 Interpretation:
Phonological awareness, phonological memory, and rapid naming play an integral role in reading and reading comprehension. XXXX’s composite scores on the Phonological Awareness, Phonological Memory, and Alternate Phonological Awareness composites of the CTOPP2 were in the Below Average range and her score on the Rapid Symbolic Naming Composite was in the Very Poor range. These scores are likely contributing to XXXX’s difficulties when decoding words and comprehending text.

### Subtest Scores

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<tr>
<th>Subtest</th>
<th>Raw score</th>
<th>Age Equivalency</th>
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</thead>
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<tr>
<td>Letter-word ID</td>
<td>xx</td>
<td>xx-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
<tr>
<td>Passage Comprehension</td>
<td>xx</td>
<td>xx-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
<tr>
<td>Word Attack</td>
<td>xx</td>
<td>x-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
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</table>

### Descriptions of Subtests (quoted directly from the manual):

**Letter Word ID**: Measures the ability to identify letters and words, a reading and writing ability.

**Passage Comprehension**: Measures reading comprehension.

**Word Attack**: Measures the ability to apply phonic and structural analysis skills in order to read unfamiliar printed words, a reading/writing ability.

### Test Administered:


One subtest of the *WJIV* was administered on January 26, 2014. This specific subtests is designed to assess XXXXX’s listening comprehension. The results are as follows:

| Oral Comprehension          | xx      | xx-xx          | x.x | 106 | Average |

**Interpretation**: The *WJIV* standard scores have a mean of 100 and a standard deviation of 15. Normative scores were based on XXXXX’s age. A score of 100 on these scales represents the performance of the typical student of a given age. Scores between 90 and 110 are in the “Average” range.

While XXXXX’s score on the Oral Comprehension subtest was within the “Average” range, her other subtest scores were in the “Low” range. This average Oral Comprehension score, in the presence of Low Passage Comprehension, Word Attack and Letter-Word Identification scores, indicates that she has difficulty decoding words fluently and that she has more difficulty understanding text that she has read than text that is read to her. A child without language difficulties should demonstrate relatively commensurate performance in his or her ability to read written information and to understand verbal information. Significantly higher oral comprehension abilities compared to reading comprehension abilities may indicate dyslexia, particularly in the presence of decreased letter word identification and/or word attack skills. It was noted that there is a gap of nearly 3.0 years between the Age-Equivalent scores on these subtests.

### SUMMARY & INTERPRETATION

XXXXX was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

She was assessed on January 26, 2014 with a battery of tests that is often used to identify and define language-based reading problems and developmental reading disabilities.

XXXXX’s articulation, voice and fluency were judged to be within normal limits on the day of testing.

XXXXX’s core language and index measures were in the above average range of functioning upon standardized
Relative strengths were noted in the areas of receptive language and semantics.

Upon informal observation of her reading and standardized testing, she exhibited signs of a language-based reading disorder, characterized by below average reading fluency and comprehension in the presence of below average scores in the areas of phonological awareness, phonological memory, and alternate phonological awareness and a very poor score in the area of rapid symbolic naming. Phonological awareness, phonological memory, and rapid naming are important language-based pre-requisites to decoding and reading comprehension. All of this, coupled with her increased ability to understand information presented in an oral format rather than a written format on the WJIV may be indicative of Developmental Dyslexia.

It should be noted that XXXX’s phonological awareness, phonological memory, and rapid naming abilities will negatively impact her ability to both successfully decode and comprehend during reading, which will affect her ability to successfully access the core academic curriculum at school.

RECOMMENDATIONS

Based on XXXXX’s performance upon standardized testing, parent report, and clinical observations, it was recommended that she be enrolled in language therapy at this Center in the language II – language/literacy clinic. Therapy was recommended twice weekly for 50 minute sessions. Initial remedial goals may include, but would not be limited to, the following:

1. Strengthen phonological memory through completion of a hierarchical approach program of phonological awareness activities.

2. Improve reading fluency and comprehension by strengthening higher-level phonological skills

3. Improve reading fluency by improving visual recognition of word families (major and minor phonograms in activities practiced to high levels of automaticity).

Sam Speech, BS
Graduate Clinician

Laverne Language, M.S., CCC-SLP
Clinical Instructor

The Maryjane Rees Language, Speech, and Hearing Center

Maryjane Rees Language, Speech and Hearing Center
Department of Speech Pathology and Audiology
California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6071
T:(916) 278-6601   F:(916) 278-7730
Initial Case/Final Case/Assessment Report  
Spring/Fall Semester (year)

Client Name: xxxx Smith  
File#: xxxx-xxxx

Date of Birth: xx/xx/xx  
Date of Report:

Age: 7-1

Parents: Mr. & Mrs. Smith

Address: 1234 Sloan Ct.  
Sacramento, CA 95819

Phone: 916-723-0000

Graduate Clinician: Sam Speech, B.S.
Clinical Instructor: Laverne Language, M.S., CCC-SLP

Diagnoses: Language-Based Reading Problem  
Long Term Goal: Improve ability to decode words and comprehend text

REFERRAL AND COMMUNICATION CONCERNS

XXXXX, a seven year, one month old female was referred to the Maryjane Rees Language, Speech and Hearing Center (MRLSHC) by her teacher, Ms. Smith, at Bonwood Elementary School. She was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

PERTINENT HISTORY

The following information was obtained through a parent questionnaire and an interview with Mrs. XXXXX on January 26, 2014. All information obtained was reviewed and confirmed by Mrs. XXXXX on January 26, 2014.

Pregnancy and Birth:

Mrs. XXXXX reported that XXXXX was born three weeks early at the gestational age of 34 weeks. Labor was induced due to concerns about XXXXX’s varying heart rate secondary to a knotted umbilical cord. XXXXX was ultimately born healthy via cesarean section without complications.

Medical:

Mrs. XXXXX reported that XXXXX was taking no medications at the time of the assessment and that she was in good health.

Mrs. XXXXX reported that XXXXX was diagnosed with acid reflux at the age of three. No treatment was initiated and she subsequently “outgrew” it. At the age of three years, six months, XXXXX experienced a neurological incident in which she lost consciousness for no apparent reason. Consequently, XXXXX was tested for neurological abnormalities, including epilepsy, and she wore a heart monitor for a month. The results yielded no diagnoses or specific causes for the loss of consciousness. She has had approximately three ear infections that were successfully treated with antibiotics. XXXXX’s allergies include mosquitos and sulfa antibiotics. She is currently undergoing testing for an allergy to gluten, as she does not tolerate it well.
Motor Development:
Mrs. XXXXX confirmed that XXXXX met all motor developmental milestones on time.

Vision and Hearing Acuity:
XXXXX has been prescribed corrective lenses for astigmatism, but she needs reminders to wear them. A hearing screening was conducted and passed at her latest check-up with her physician, Dr. XXX, in August 2013

Speech and Language:
While Mrs. XXXXX stated that she could not recall the specific ages, she indicated that XXXXX was a “late talker” and was enrolled in language services from the ages of 3 to 5. These services were initially offered through the Regional Center and later through the public school of residence. She was dismissed from services in Kindergarten, but continues to have difficulty communicating at the level of her classroom peers.

Education:
At the time of this report, XXXXX attended second grade at Bonwood Elementary School in the Sacramento City Unified School District. Mrs. XXXXX reported that her educational concerns began when XXXXX was in kindergarten. She resisted activities that involved books and writing, and she began to have difficulties with reading and spelling in the first grade curriculum. She has had consistent difficulty following classroom directions. As a result, XXXXX experiences tremendous anxiety in the school environment. At the time of this report, XXXXX’s reading fluency was not at the expected benchmark for her grade and month and she was having difficulty with reading comprehension questions. The school was beginning the assessment process and her mother and teacher hope that she will qualify for an individualized education plan (IEP) to receive additional help with reading. A report from her teacher notes that while she has friends and participates in circle, her language is behind that of her peers, which limits her ability to socialize with them outside of class. Further, she has difficulty with spelling, sounding out letters, and reading comprehension. She believes these deficits are hindering XXXXX’s academic progress.

Family/Social/Behavioral:
At the time of this interview, XXXXX lived at home with her mother, father, and 8 year-old brother. English is the primary language spoken in the home. She has a good relationship with all of her family members, but does have some difficulty following multiple-step directions at home.

ASSESSMENT & OBSERVATIONS

Test Results
The tests used have been validated for the specific purpose for which they are used and the results are considered to be valid unless otherwise stated in the text of the report

OR

The tests below should be viewed with caution and the results may have questionable validity because they were not primarily normed on students whose first language is not English (or students from any group you think may be penalized for having different backgrounds or experiences). This student may not have had experience with some of the material presented on these tests and the results may underrepresent his/her language/speech abilities.

AND
Effects of environment, culture or economic disadvantage are (or are not) known to be a factor in the student’s development of speech and language skills.

**Initial Observation:**
When the clinician greeted XXXXX in the waiting room, she appeared quiet. She quickly warmed up, however, and was very compliant during testing. Over the course of the first session, XXXXX engaged in conversation appropriately. She had difficulty recounting sequenced events related to swimming, her favorite pastime, and she often spoke in 3-4 word utterances that exhibited errors in grammar and syntax.

**Speech and Hearing:**

**Articulation:**
A consistent /w/ for /r/ substitution was noted upon informal observation. XXXXX’s speech was, however, judged to be 90% intelligible to both known and unknown listeners.

**Voice/Fluency:**
Voice and fluency were assessed through conversational speech and were judged to be within normal limits for her age and gender.

**Oral-facial/ Oral Motor:**
An oral-facial examination was administered to assess the adequacy of the oral structures and their function for speech purposes. Facial features (face and jaw alignment) were symmetrical. Inspection of her dentition revealed a class two malocclusion (overbite); she appeared to have good oral hygiene. The structure and color of her palate, velum, and uvula were normal. Her lip symmetry and range of motion (ROM) were within normal limits. Her tongue color, size, strength, and ROM were also within normal limits. Finally, her diadochokinetic rate was judged to be within normal limits for her age.

**Hearing:**
A peripheral hearing screening was conducted and passed at 25dB at the frequencies of 500, 1000, 2000, and 4000 Hz.

**Language:**

**Test Administered:** *Clinical Evaluation of Language Fundamentals (CELF-5)* (Wiig, Semel, & Secord, 2013).

The CELF-5 was administered on January 26, 2014. This test “is an individually administered clinical tool for the identification, diagnosis, and follow-up evaluation of language and communication disorders in students aged 5-21 years.”

**Core Language Score and Indexes**

<table>
<thead>
<tr>
<th></th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Language Score</td>
<td>71</td>
<td>3</td>
<td>“Low/Moderate Range of Language Functioning”</td>
</tr>
<tr>
<td>Receptive Language Index</td>
<td>104</td>
<td>61</td>
<td>“Average Range of Language Functioning”</td>
</tr>
<tr>
<td>Expressive Language Index</td>
<td>72</td>
<td>3</td>
<td>“Low/Moderate Range of Language Functioning”</td>
</tr>
<tr>
<td>Language Content Index</td>
<td>104</td>
<td>61</td>
<td>“Average Range of”</td>
</tr>
</tbody>
</table>
Interpretation: These composite scores have a mean of 100 and a standard deviation of 15. A score of 100 on this scale represents the performance of the typical student of a given age. Scores within one standard deviation of the mean (between 86 and 114) are considered “average.” XXXX’s scores on the Receptive Language and Language Content composites were within this range. All other composites were >1.5 standard deviations below the mean.

Discrepancy Comparisons:
Through a computer analysis, XXXX’s performance on the Receptive Language Index was compared to her performance on the Expressive Language Index. The difference was seen to be statistically significant, indicating a relative strength with tasks that probe listening and auditory comprehension skills when compared to tasks that probe expressive aspects of language.

Through a computer analysis, XXXX’s performance on the Language Content Index was compared to her performance on the Language Structure Index. The difference was seen to be statistically significant, indicating relatively less difficulty with tasks that probe semantic development when compared to tasks that require receptive and expressive interpretation and production of sentence structures.

Description of Core Language Score and Indexes (paraphrased from authors’ descriptions):
Core Language: This score is a measure of general language ability and provides a way to quantify a student’s overall language performance. It is comprised of four subtests that best discriminate typical from disordered language performance: XXXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.

Receptive Language: This index is a measure of a student’s performance on subtests designed to best probe receptive aspects of language, including comprehension and listening. It can aid in determining the presence or absence of a language disorder and is comprised of three subtests: XXXXXXX, XXXXXXX, and XXXXXXX.

Expressive Language: This index is a measure of a student’s performance on subtests designed to probe expressive aspects of language, including oral language expression. It can aid in determining the presence or absence of a language disorder and is comprised of three subtests: XXXXXXX, XXXXXXX, and XXXXXXX.

Language Content: This index is a measure of a student’s performance on subtests designed to probe vocabulary and word knowledge. It is comprised of three subtests: XXXXXXX, XXXXXXX and XXXXXXX.

Language Structure: This index is an overall measure of a student’s performance on subtests designed to probe understanding and production of syntactical structures and morphology. It is comprised of four subtests: XXXXXXX, XXXXXXX, XXXXXXX, and XXXXXXX.

Subtest Scores

<table>
<thead>
<tr>
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<th>Raw Score</th>
<th>Scaled Score</th>
<th>Percentile</th>
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</tr>
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<tbody>
<tr>
<td>Sentence Comprehension</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>Low to Very Low</td>
</tr>
<tr>
<td>Linguistic Concepts</td>
<td>12</td>
<td>4</td>
<td>2</td>
<td>Low to Very Low</td>
</tr>
<tr>
<td>Word Structure</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>Low to Very Low</td>
</tr>
<tr>
<td>Word Classes</td>
<td>34</td>
<td>19</td>
<td>99.9</td>
<td>Above</td>
</tr>
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Interpretation: These scaled scores have a mean of 10 and a standard deviation of 3. A scaled score of 10 describes the average of a given age group. About 2/3 of all students with typical language development earn subtest scaled scores within one standard deviation of the mean (between 8 and 12), the range of average performance.

XXXX's scaled scores on the Word Classes subtest was above this range. Her scaled scores on the Following Directions subtest was within this range. Her scaled scores on Formulated Sentences and Recalling Sentences were within 1.5 standard deviations below the mean. All other subtests were >1.5 standard deviations below the mean.

Description of subtests (paraphrased from authors’ descriptions):
Sentence Comprehension: Used to evaluate the student’s understanding of grammatical rules at the sentence level. The student responds to a sentence by pointing to the correct picture stimuli.
Linguistic Concepts: Used to evaluate the student’s ability to understand linguistic concepts such as middle, different, and many. Some concepts require understanding of logical operations or connectives, such as and, or, all but one. The student points to pictured objects in response to oral directions.
Word Structure: Used to evaluate the student’s knowledge of grammatical rules in a sentence completion task. The student completes an orally presented sentence that pertains to an illustration.
Word Classes: Used to evaluate the student’s ability to understand relationships between words based on meaning features, function, or place or time of occurrence. The student chooses the two words (i.e., pictures or presented orally) that best represent the desired relationship.
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Formulated Sentences: Used to evaluate the student’s ability to formulate simple, compound, and complex sentences when given grammatical (semantic and syntactic) constraints. The student is asked to formulate a sentence, using target word(s) while using an illustration as a reference.
Recalling Sentences: Used to evaluate the student’s ability to recall and reproduce sentences of varying length and syntactic complexity. The student imitates sentences presented by the examiner orally. The questions probe the student’s understanding of the paragraph’s main idea, memory for facts and details, recall of event sequences, and ability to make inferences and predictions.
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When presented with four comprehension questions based on the passage she read, her response latency averaged approximately 30 seconds or greater, and she only answered one question correctly.

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**Interpretation:** These composite scores are based on a distribution with a mean of 100 and a standard deviation of 15. XXXXX’s scores were within 1 standard deviation below the mean, with the exception of the Rapid Symbolic Naming score, which was greater than 2 standard deviations below the mean.

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<td>6-9</td>
<td>1.7</td>
<td>8</td>
<td>25</td>
<td>Average</td>
</tr>
<tr>
<td>Blending Words (BW)</td>
<td>7-6</td>
<td>2.4</td>
<td>9</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Phoneme Isolation (PI)</td>
<td>6-6</td>
<td>1.4</td>
<td>7</td>
<td>16</td>
<td>Below Average</td>
</tr>
<tr>
<td>Memory for Digits (MD)</td>
<td>6-6</td>
<td>1.4</td>
<td>9</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Nonword Repetition (NR)</td>
<td>5-3</td>
<td>k.2</td>
<td>7</td>
<td>16</td>
<td>Below Average</td>
</tr>
<tr>
<td>Rapid Digit Naming (RD)</td>
<td>4-9</td>
<td>&lt;k.0</td>
<td>4</td>
<td>2</td>
<td>Poor</td>
</tr>
<tr>
<td>Rapid Letter Naming (RL)</td>
<td>5-3</td>
<td>k.2</td>
<td>5</td>
<td>5</td>
<td>Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Subtests</th>
<th>Age Equivalent</th>
<th>Grade Equivalent</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Score Description</th>
</tr>
</thead>
</table>
Blending Nonwords (BN) & Segmenting Nonwords (SN) | 6.9 | 1.7 | 8 | 25 | Average
--- | --- | --- | --- | --- | ---

Interpretation: These scaled scores are based on a distribution with a mean of 10 and a standard deviation of 3. Two subtest scores, Rapid Digit Naming and Rapid Letter Naming, are > 1.5 standard deviations below the mean. The other subtest scores are all at or within 1 standard deviation below the mean.

Descriptions of Subtests (quoted directly from the manual):
- **Elision**: Measures the ability to remove phonological segments from spoken words to form other words
- **Blending Words**: Measures the ability to synthesize sounds to form words
- **Phoneme Isolation**: Measures the ability to isolate individual sounds within words
- **Memory for Digits**: Measures the ability to repeat numbers accurately
- **Nonword Repetition**: Measures the ability to repeat nonwords accurately
- **Rapid Digit Naming**: Measures the ability to rapidly name digits
- **Rapid Letter Naming**: Measures the ability to rapidly name letters
- **Blending Nonwords**: Measures the ability to synthesize sounds to form nonwords
- **Segmenting Nonwords**: Measures the ability to segment nonwords into phonemes

Overall CTOPP Interpretation:
Phonological awareness, phonological memory, and rapid naming play an integral role in reading and reading comprehension. While XXXXX’s composite scores on the Phonological Awareness, Phonological Memory, and Alternate Phonological Awareness composites of the CTOPP were in the Below Average range, her scores on the Rapid Symbolic Naming Composite was in the Very Poor range. These scores are likely contributing to XXXXX’s difficulties when decoding words and comprehending text.


Selected subtests of the *WJIV* were administered on January 26, 2014. These specific subtests are designed assess XXXXX’s reading comprehension and her ability to identify and read letters and words. The results are as follows:

Subtest Scores
<table>
<thead>
<tr>
<th>Subtest</th>
<th>Raw score</th>
<th>Age Equivalency</th>
<th>Grade Equivalency</th>
<th>Standard Score</th>
<th>Score Classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter-word ID</td>
<td>xx</td>
<td>xx-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
<tr>
<td>Passage Comprehension</td>
<td>xx</td>
<td>xx-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
<tr>
<td>Word Attack</td>
<td>xx</td>
<td>x-x</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
<tr>
<td>Oral Comprehension</td>
<td>xx</td>
<td>xx-xx</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
</tbody>
</table>

Descriptions of Subtests (quoted directly from the manual):
- **Letter Word ID**: Measures the ability to identify letters and words, a reading and writing ability.
- **Passage Comprehension**: Measures reading comprehension.
- **Word Attack**: Measures the ability to apply phonic and structural analysis skills in order to read unfamiliar printed words, a reading/writing ability.

One subtest of the WJIV was administered on January 26, 2014. This specific subtests is designed to assess XXXXX’s listening comprehension. The results are as follows:

### Subtest Scores

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Raw Score</th>
<th>Age Equivalency</th>
<th>Grade Equivalency</th>
<th>Standard Score</th>
<th>Score Classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Comprehension</td>
<td>xx</td>
<td>xx-xx</td>
<td>x.x</td>
<td>xx</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Interpretation:** The WJIV standard scores have a mean of 100 and a standard deviation of 15. Normative scores were based on XXXXX’s age. A score of 100 on these scales represents the performance of the typical student of a given age. Scores between 90 and 110 are in the “Average” range.

All of XXXX’s scores were in the “Low” range. This testing profile indicates that she has difficulty decoding words fluently and that she has difficulty understanding both text that she has read and text that is read to her.

A child without language-based reading difficulties should demonstrate relatively commensurate average to above-average performance in his or her ability to read written information and to understand verbal information. Significantly higher oral comprehension abilities compared to reading comprehension abilities may indicate dyslexia, particularly in the presence of decreased letter word identification and/or word attack skills. Similar oral and reading comprehension abilities that are below average are often representative of a more generalized language-based reading problem.

**SUMMARY & INTERPRETATION**

XXXXX was brought to this center by her mother, who was concerned about her ability to read words and her reading comprehension.

She was assessed on January 26, 2014 with a battery of tests that is often used to identify and define language-based reading problems and developmental reading disabilities.

XXXXX’s articulation was characterized by a /w/ for /r/ substitution. Her overall intelligibility was judged to be 90% to both known and unknown listeners. Her voice and fluency were judged to be within normal limits on the day of testing.

XXXXX’s core language score and indexes languag ranged from the low/moderate to average range of functioning upon standardized testing. Specific relative strengths were noted in the area of understanding the relationships between words based on meaning features, function, or place and time of occurrence and in the area of following directions. Discrepancy comparisons further revealed a relative strength with tasks that probe listening and auditory comprehension skills and tasks that probe semantic development.

Upon informal observation of her reading and standardized testing, she exhibited signs of a language-based reading problem, characterized by below average reading fluency in the presence of below average scores in the areas of phonological awareness, phonological memory, and alternate phonological awareness and very poor rapid symbolic naming. Phonological awareness, phonological memory, and rapid naming are important language-based pre-requisites to decoding and reading comprehension. This, combined with her decreased ability to understand information presented...
both in an oral format and in a written format on the WJIV, may be indicative of a mixed decoding/comprehension deficit as part of a generalized language-based reading problem.

It should be noted that XXXX’s overall language ability, combined with her phonological awareness and rapid naming abilities, will negatively impact her ability to both successfully decode and comprehend during reading, which will affect her ability to successfully access the core academic curriculum at school.

**RECOMMENDATIONS**

Based on XXXX’s performance upon standardized testing, parent report, and clinical observations, it was recommended that she be enrolled in language therapy at this Center in the language II – language/literacy clinic. Therapy was recommended twice weekly for 50 minute sessions. Initial remedial goals may include, but would not be limited to, the following:

4. Increase oral language abilities through narrative exercises that emphasize grammar and syntax.

5. Strengthen phonological memory through a hierarchical phonological awareness program.

6. Improve reading fluency by improving visual recognition of word families (major and minor phonograms in activities practiced to high levels of automaticity).

---

Sam Speech, BS  
Graduate Clinician  

Laverne Language, M.S., CCC-SLP  
Clinical Instructor  

**Template for Pragmatic Section of Report:**  
**Client age: 10-3**

**Pragmatic Language:**

The Test of Pragmatic Language-2 (TOPL-2) (Phelps-Terasaki, Phelps-Gunn, 2007) was administered to comprehensively assess XXXX’s ability to use pragmatic, or social language in a structured setting. The following results were obtained:

<table>
<thead>
<tr>
<th>Raw Score</th>
<th>Percentile Rank</th>
<th>Descriptive Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>92</td>
<td>Superior</td>
</tr>
</tbody>
</table>

**Interpretation:** The Pragmatic Language Usage Index scores is a standard score with a mean of 100 and a standard deviation of 15. A score of 100 on these scales represent the performance of the typical student of a given age. Scores between 90 and 110 are considered "average" by the test authors. XXXX’s score was in the “Superior” range.

Selected subtests from the Comprehensive Assessment of Spoken Language (CASL) (Carrow-Woolfolk, 1999) were administered to assess XXXX’s nonliteral language and inferencing skills and her pragmatic judgment in a structured setting. The following results were obtained:

<table>
<thead>
<tr>
<th>CASL Subtest</th>
<th>Raw Score</th>
<th>Standard Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonliteral Language</td>
<td>39</td>
<td>135</td>
<td>99</td>
</tr>
</tbody>
</table>
**Interpretation:** Index scores are available as standard scores with a mean of 100 and a standard deviation of 15. A score of 100 on these scales represent the performance of the typical student of a given age. Scores within one standard deviation of the mean (between 85 and 115) are considered "average." All of XXXX’s scores were well above this range.

**Description of CASL Tests (paraphrased from author's descriptions):**

**Nonliteral Language:** Measures a student’s ability to understand the meaning of spoken messages when the literal meaning does not convey the message.

**Inference:** Measures a student’s ability to use previous knowledge to obtain the meaning from inferences in spoken language.

The **Pragmatic Judgment** subtest from the CASL was administered to assess XXXX’s “knowledge and use of pragmatic rules of language by having a respondent 1) judge the appropriateness of language used in specific environmental situations, or 2) actually use language appropriate to given environmental conditions.”

The **Pragmatic Profile** from the Clinical Evaluation of Language Fundamentals-5 (CELF-5) (Wiig, Semel, & Secord, 2013) was provided to XXXX’s mother, Ms. Y, her teacher, Ms. Z, and classroom Instructional Assistant (IA) Ms. T, in order to assess XXXX’s pragmatic, or social language, in social and academic settings.

The profile consists of a 50 question survey which ranks pragmatic skills as Never or Almost Never (1), Sometimes (2), Often (3), and Always or Almost Always (4). Skills rated with “1” (Never or almost never) and “2” (Sometimes) point scores are of the most concern. They are shown in bold, below. Skills rated as a “3” (Often) indicate that the targeted skill is emerging, and skills rated as a “4” (Always) indicate appropriate development and use of the target skill.

<table>
<thead>
<tr>
<th>Personnel &amp; Date Completed</th>
<th>Parent</th>
<th>Teacher</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pragmatic Skills:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rituals and Conversation Skills:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student demonstrates culturally appropriate use of language when:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making/responding to greetings to/from others</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Beginning/ending conversations (face to face, phone, etc.)</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Observing turn-taking rules in the classroom or in social interactions</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Maintaining eye contact/gaze</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Introducing appropriate topics of conversation</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Maintaining topics using typical responses (nods, responds with “hmm…” etc.)</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Making relevant contributions to a topic during conversation/discussion</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Avoiding use of repetitive/redundant information</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Asking for/responding to requests for clarification during conversations</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Adjusting/modifying language based on the communication</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Situation (communication partner[s], topic, place)</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Telling/understanding jokes/stories that are related to the situation</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Showing sense of humor during communication situations</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Joining or leaving an ongoing communicative interaction</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Participating/interacting in structured group activities</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Participating/interacting in unstructured group activities</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Responding to introductions and introducing others</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Using strategies for getting attention</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### Asks For, Gives, and Responds to Information:

**The student demonstrates culturally appropriate use of a language when:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>3</th>
<th>3</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving/asking for directions</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Giving/asking for the time of events</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Giving/asking for reasons and causes for actions/conditions/choices</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Asking for help from others</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Offering to help others</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Giving/responding to advice or suggestions</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Asking others for permission when required</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Agreeing and disagreeing</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Asking for clarification if he/she is confused or if the situation is unclear</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accepting/rejecting invitations</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Starting/responding to verbal and nonverbal negotiations</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Reminding others/responding to reminders</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Asking others to change their actions/states (e.g., please move, stop tapping)</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Apologizing/accepting apologies</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Responding when asked to change his/her actions (by accepting/rejecting)</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Responding to teasing, anger, failure, disappointment</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Offering/responding to expressions of affection, appreciation</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Knowing how someone is feeling based on nonverbal cues</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Reading the social situation correctly and behaving/responding to it</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Understanding posted and implied group/school rules</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### Non-Verbal Communication Skills:

**The student reads and interprets the following nonverbal messages accurately**

<table>
<thead>
<tr>
<th>Activity</th>
<th>3</th>
<th>3</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial cues/expressions</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Making/responding to greetings to/from others</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Making/responding to farewells to/from others</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Beginning/ending conversations</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Tone of voice</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**The student demonstrates culturally appropriate use of the following nonverbal support**
Facial cues/expressions
Body language/gestures
Voice intonation (pitch, inflection, tone, or cadence)
Expresses messages by using gestures or facial expressions
Uses gestures and/or facial expressions according to the situation
Adjusts body distance (sits/stands) according to the situation
Presents matching gestures/facial expressions with verbal messages

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>2</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial cues/expressions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body language/gestures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice intonation</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Expresses messages</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Adjusts body distance</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Presents matching</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Raw Score:** 112 103 99

**Scaled Score:** 3 3 2

**Classification:** Low to Very Low

**Interpretation:** Scores are available as scaled scores with a mean of 10 and a standard deviation of 3. A score of 10 on this measure represents the performance of the typical student of a given age. Scores in the range of 8 to 12 are considered “Average.” Scores at or more than one standard deviation below the mean (7 and below) indicate that the student is demonstrating below average to very low social communication abilities relative to age peers. Such scores may or may not significantly impact academic achievement and participation in classroom activities. Information obtained from teachers and family members can help inform decisions about strategies to employ in the classroom and at home or in a direct intervention program.

All of XXXX’s raters’ scores were within the “Low to Very Low” range.

Overall, the results of this profile were used as a comprehensive list of pragmatic skills and behaviors.

Areas of concern in more than one setting included:

- Observing turn-taking rules in the classroom or in social interactions
- Introducing appropriate topics of conversation
- Making relevant contributions to a topic during conversation/discussion
- Showing sense of humor during communication situations
- Participating/interacting in structured group activities
- Responding to introductions and introducing others
- Giving/asking for directions
- Asking for help from others
- Offering to help others
- Giving/responding to advice or suggestions
- Agreeing and disagreeing
- Starting/responding to verbal and nonverbal negotiations
- Asking others to change their actions/states (e.g., please move, stop tapping)
- Apologizing/accepting apologies
- Knowing how someone is feeling based on nonverbal cues
- Facial cues/expressions
- Making/responding to greetings to/from others
- Making/responding to farewells to/from others
- Beginning/ending conversations
• Tone of voice
• Facial cues/expressions
• Body language/gestures
• Expresses messages by using gestures or facial expressions
• Uses gestures and/or facial expressions according to the situation
• Adjusts body distance (sits/stands) according to the situation

Observations
XXX was informally observed by this examiner in three settings/during three activities:

Note: The Pragmatic Activities Checklist from the CELF-5 can help with this…

XXX was observed on xx/x/2014, xx/x/2014, and xx/x/2014.
Insert observations here

XXX was observed on xx/xx/xx.
Insert observations here

XXX was observed on xx/xx/xx.
Insert observations here

SUMMARY/RECOMMENDATIONS
XXX’s ability to interpret and understand nonliteral language and inferences and her social language skills are all well above the average range upon standardized testing in a structured environment. She frequently thought things through and discussed/explained options before responding. Observation of her use of social pragmatic skills in unstructured settings revealed concerns, however, particularly in the area of eye contact, transitioning into and out of social groups, and self-regulation during activities requiring increased focus. The CELF-5 Pragmatics Profile was completed by her mother, her teacher, and a classroom Instructional Assistant. Her scaled scores were below average across three raters. Concerns common to more than one environment were noted in 25 areas. This type of discrepancy between formal, structured testing and informal, unstructured observation is not uncommon for children exhibiting social pragmatic deficits: The ability to apply some learned social knowledge in the home and school settings can be difficult or inconsistent.

Based on this examiner’s observations, the pragmatic profiles completed by school staff, and her teacher’s report, XXX’s ability to succeed in the classroom setting is being affected by her difficulties with pragmatic skills.

The Simple View of Reading (Hoover & Gough, 1990; Catts & Kamhi, 2005; Kamhi & Catts, 2012) provides a good model for differentiating typical readers from those with deficits leading to dyslexia or a more generalized reading problem. It suggests that reading comprehension is dependent upon both intact decoding and listening comprehension abilities. Table X highlights readers by subtype according to the Simple View:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Recognition</td>
<td></td>
</tr>
</tbody>
</table>

Language II Methods
<table>
<thead>
<tr>
<th>Language Comprehension</th>
<th>Poor</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Dyslexia</td>
<td>Typical Reading or Nonspecified</td>
</tr>
<tr>
<td>Poor</td>
<td>Mixed Decoding/Comprehension Deficit</td>
<td>Specific Comprehension Deficit</td>
</tr>
</tbody>
</table>

Table X: Simple View of Reading


**Tools used to test language comprehension:** CELF-5, CASL, PLS-5, Woodcock Johnson oral comprehension

**Tools used to test Word Recognition:** Woodcock Johnson Letter-Word ID; Word Attack

**Tools that can help further differentiate dyslexia from Mixed Decoding/Comprehension Deficit:** Woodcock Johnson Passage Comprehension compared to Oral Comprehension, CTOPP