



**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



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**Swallowing Function Status**

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