

**SPEECH, LANGUAGE AND HEARING EXAMINATION
LANGUAGE RECEPTION**

1. PATIENT IDENTIFICATION

2. NAME OF CHILD

3. DATE OF BIRTH MO. DAY YEAR			4. AGE	5. SEX <input type="checkbox"/> MALE 1 <input type="checkbox"/> FEMALE 2	6. RACE <input type="checkbox"/> W 1 <input type="checkbox"/> N 2 <input type="checkbox"/> OR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> OTHER 5
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7. EXAMINED BY	8. DATE OF EXAM MO. DAY YEAR
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9. VERBAL COMPREHENSION

10. COMMENTS

1. IDENTIFICATION OF FAMILIAR OBJECTS

Objects	Pass	Fail
CAR	<input type="checkbox"/>	<input type="checkbox"/>
BOX	<input type="checkbox"/>	<input type="checkbox"/>
FLAG	<input type="checkbox"/>	<input type="checkbox"/>
MAN	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 4 CORRECT RESPONSES)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

2. UNDERSTANDING ACTION WORDS

Action Words	Pass	Fail
PICK UP MAN	<input type="checkbox"/>	<input type="checkbox"/>
MAN JUMP	<input type="checkbox"/>	<input type="checkbox"/>
PUSH CAR	<input type="checkbox"/>	<input type="checkbox"/>
SHAKE BOX	<input type="checkbox"/>	<input type="checkbox"/>
WAVE FLAG	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 4 CORRECT RESPONSES)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

3. UNDERSTANDING SPACE RELATIONSHIPS

Objects and Relationships	Pass	Fail
CAT IN BOX	<input type="checkbox"/>	<input type="checkbox"/>
CAT ON TABLE	<input type="checkbox"/>	<input type="checkbox"/>
CAT UNDER TABLE	<input type="checkbox"/>	<input type="checkbox"/>
PUSH TRUCK BACKWARDS	<input type="checkbox"/>	<input type="checkbox"/>
CUP UPSIDE DOWN	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 4 CORRECT RESPONSES)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

SPEECH, LANGUAGE AND HEARING EXAMINATION LANGUAGE RECEPTION

12. EXAMINED BY

13. DATE OF EXAM
MO. DAY YEAR

14. NONVERBAL COMPREHENSION

1. WORD AND PICTURE IDENTIFICATION

Pictures	Pass	Fail
CUP	<input type="checkbox"/>	<input type="checkbox"/>
FORK	<input type="checkbox"/>	<input type="checkbox"/>
SHOE	<input type="checkbox"/>	<input type="checkbox"/>
SPOON	<input type="checkbox"/>	<input type="checkbox"/>
DOG	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 6 CORRECT RESPONSES)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

DO NOT ADMINISTER REMAINING ITEMS IF CHILD PASSES ITEM 1 888

2. WORD AND OBJECT IDENTIFICATION

Objects	Pass	Fail
CUP	<input type="checkbox"/>	<input type="checkbox"/>
FORK	<input type="checkbox"/>	<input type="checkbox"/>
SHOE	<input type="checkbox"/>	<input type="checkbox"/>
SPOON	<input type="checkbox"/>	<input type="checkbox"/>
DOG	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 6 CORRECT RESPONSES)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

DO NOT ADMINISTER REMAINING ITEMS IF CHILD PASSES ITEM 2 88

15. COMMENTS