

CCP- MISHA 2015

CHILDHOOD COMMUNICATION PROFILE-MISHA

DEMOGRAPHIC DATA

MEDICAL HISTORY

FAMILY HISTORY

EDUCATIONAL HISTORY

CURRENT TREATMENT

COGNITIVE PREREQUISITES FOR LANGUAGE DEVELOPMENT:

- 1) Imitation of vocal behavior
- 2) Imitation of MOTOR movements-
 - GROSS
 - FINE
 - SYMMETRICAL
 - ASYMMETRICAL
 - WITH/WITHOUT OBJECTS
- 3) Object permanence
- 4) Functional Use of objects/ Object Schema
- 5) Means-end relationship

PREREQUISITES OF LANGUAGE DEVELOPMENT:

1. Sitting tolerance:
2. Compliance: GENERAL/TASK
3. Eye contact:
4. Attention: On Reynell Scale: Auditory and Visual attention
 - JOINT ATTENTION
 - MUTUAL GAZE
 - TO OBJECTS
5. Response to NAME
6. Communication intent

SOCIAL AND EMOTIONAL SKILLS

1. Social smile
2. Smiles and laughs at baby games (with/ without eye contact)
3. Shows anger when toys taken away
4. Demands parental attention in atypical way
5. Poor emotional modulation- inappropriate laughing or crying.
6. Greet
7. Attachment with people
8. Child and caregiver interaction

BEHAVIORAL ASSESSMENT

1. Behavioral issues
2. Aggression
3. Object relation – inappropriate attachment, spinning/ flipping /twirling
4. Resistance to change
5. Ritualistic behavior

ORGANIZATIONAL SKILLS

- 1) Matching
- 2) Sorting (Linguistic and nonlinguistic)
- 3) Visual imitation of pattern

ATTENTION SKILLS

- 1) Sustained
- 2) Selective
- 3) Alternative
- 4) Divided

PLAY BEHAVIOR

- 1)Cognitive- exploratory, relational, pretend (self, de-centered and sequential), rule based
- 2)Social- solitary, parallel, cooperative (ADULTS/CHILDREN)
- 3)Turn taking

Start with level of test- from STANDARDIZED TEST- List of Indian Tests – the clinician can use. This will be a case by case decision depending on the age of the child and feasibility of administration.

RECEPTIVE LANGUAGE and EXPRESSIVE LANGUAGE will be addressed along the following parameters in the report :-

PHONOLOGY

SEMANTICS

MORPHOSYNTAX

PRAGMATICS

The following are the guidelines for an informal test.

RECEPTIVE LANGUAGE SKILLS:

1. Auditory perception- Recognition of family members/various situations
2. Commands
3. Vocabulary - PRONOUNS, PREPOSITION, NOUNS, ADJECTIVES, VERBS, CATEGORIES
4. YES/NO
5. WH QUESTIONS
6. Conditional responses- IF AND THEN
7. Concept of-TENSES, PLURALS, GENDER MARKERS, ATTRIBUTES, TEMPORAL
8. Higher language concepts

(ONE WORD/PHRASE LEVEL/ SENTENCE/ STORY/ NARRATION)

EXPRESSIVE LANGUAGE/ COMMUNICATION SKILL:

1. Mode of communication: verbal/Non verbal.
2. VOCABULARY - PRONOUNS, PREPOSITION, NOUNS, ADJECTIVES, VERBS, CATEGORIES
3. WH QUESTIONS
4. CONDITIONAL RESPONSES- IF AND THEN
5. CONCEPT OF-TENSES, PLURALS, GENDER MARKERS, ATTRIBUTES, TEMPORAL
6. HIGHER LANGUAGE CONCEPTS
7. MEAN LENGTH OF UTTERANCE

(ONE WORD/PHRASE LEVEL/ SENTENCE/ STORY/ NARRATION)

PHONOLOGY- Articulatory skills and Speech Intelligibility (Ref. ANNEXURE A)

1. Concept of Spoken Word
2. Rhyme Recognition
3. Rhyme Production
4. Syllable Blending
5. Syllable Segmentation
6. Syllable Deletion
7. Phoneme Isolation of Initial/Final Sounds
8. Phoneme Isolation of Final Sounds
9. Phoneme Blending
10. Phoneme Segmentation
11. Phoneme Deletion of Initial/Final Sounds
12. Phoneme Deletion of Final Sounds
13. Phoneme Substitution

HIGHER COGNITIVE SKILLS

1. Reasoning
2. Inference
3. Prediction
4. Problem solving
5. Narration
6. Implied meaning

ORAL MOTOR STRUCTURES: (Ref. ANNEXURE B & ANNEXURE C)
STRUCTURE and FUNCTION

FEEDING HABITS- Sipping, sucking, biting, chewing, swallowing, blowing

PRAGMATIC SKILLS: (Ref. ANNEXURE D)

1. Turn taking
2. Topic Maintenance
3. Conversational repair
4. Discourse style
5. Topic/ task termination

OTHER ASPECTS

Voice/ Prosody/ Resonance

SUMMARY: Indicate strengths that can be improvised and weaknesses that become therapy goals.

Provisional Diagnosis:

Recommendation and Prognosis:

Note:

1) If child is completely nonverbal with no form of communication- ACA - Affective Communication Assessment. Putting meaning to a child's responses to a variety of internal and external stimuli. Use of stimuli to elicit strong positive and negative response from the child.

Ref: Name of the book is - Communication before speech "normal development and impaired communication" Edited by Judith coupe and Juliet Goldbart, Croom Helm is the publisher.

2) If child very verbal- need for formal higher language assessment.

Referral to

NAIR HOSPITAL- CELF, TOLD/TOAL

Bharati Vidya Peeth PUNE- CLAP (MARATHI)

Attached

- 1) ANNEXURE A- PAST Phonological Awareness Skills Test (Ayesha Mehta - ayeshaslp@gmail.com)
- 2) ANNEXURE B- Oromotor Assessment 1 (Maitri Sahastrabudhe - rehab.milestones@gmail.com)
- 3) ANNEXURE C- Oromotor Assessment 2- Mrudula Kali
- 4) ANNEXURE D- Pragmatic Profile (Maitri Sahastrabudhe)
- 5) ANNEXURE E- SCAP Screening Checklist for Auditory Processing. Score for SCAP- the SCAP scores have to be above 6 for a child to be having the risk of APD. You score 1 point for each "yes".