

Muscle-Based Articulation Assessment Form

Client's Name: _____ Therapist: _____
 Date: _____ Chronological Age: _____
 Client Status: Initial Program Plan _____ Probe # _____ Discharge Summary _____

CONSONANTS			MUSCLE CHARACTERISTICS			PHONATION			PRODUCTIONS						COMMENTS				
T	M	F	Jaw Height	Lips	Tongue	Y*	R*	Tactile Cue			Syllable			Word			Conversation		
1	p		High _____	Closed _____	Blade Ret _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
2	m		High _____	Closed _____	Blade Ret _____	Yes ____	Nasal ____	I	M	F	I	M	F	I	M	F	I	M	F
3	n		High _____	Open _____	Blade Ret. TT Elev _____	Yes ____	Nasal ____	I	M	F	I	M	F	I	M	F	I	M	F
4	w		Medium _____	Rounded _____	Blade Ret _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
5	h		Low _____	Open _____	Blade Ret _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
6	b		High _____	Closed _____	Blade Ret _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
7	g		Low _____	Open _____	Blade Ret, T-Back Elev Blade/Tip Dep _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
8	k		Low _____	Open _____	Blade Ret, T-Back Elev Blade/Tip Dep _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
9	f		High _____	Lower Lip Retracted _____	Blade Ret _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
10	d		High _____	Open _____	Blade Ret. TT Elev _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
11	ŋ		Medium _____	Open _____	Blade Ret, T-Back Elev Blade/Tip Dep _____	Yes ____	Nasal ____	I	M	F	I	M	F	I	M	F	I	M	F
12	j		High _____	Open _____	Blade Ret B-T SS _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
13	t		High _____	Open _____	Blade Ret. TT Elev _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
14	ʃ		Medium _____	Rounded _____	B-T SS _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
15	tʃ		High _____	Rounded _____	Blade Ret. Back-T-SS _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
16	l		Medium _____	Open _____	Blade Ret. TT Elev _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
17	r		Med/High _____	Lower Lip Retracted _____	Blade Ret. Back-T-SS _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
18	ɝ		High _____	Lower Lip Retracted _____	B/Tip Elev, B-T SS _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
19	θ		Medium _____	Open _____	Blade Prot _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
20	v		High _____	Lower Lip Retracted _____	Blade Ret _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
21	s		High _____	Open _____	Blade Ret T-T Elev/Dep _____	No ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
22	z		High _____	Open _____	Blade Ret T-T Elev/Dep _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F
23	ð		Medium _____	Open _____	Blade Prot _____	Yes ____	Oral ____	I	M	F	I	M	F	I	M	F	I	M	F

VOWELS

MUSCLE CHARACTERISTICS

PHONATION

PRODUCTIONS

COMMENTS

	T	M	F	MUSCLE CHARACTERISTICS			PHONATION		PRODUCTIONS												Comments			
				Jaw Height	Lips	Tongue	Y*	R*	Tactile Cue			Syllable			Word			Conversation						
1	e				Medium _____	Open _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
2	Λ				Medium _____	Open _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
3	u				Medium _____	Rounded _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
4	ə				Medium _____	Open _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
5	ɔ				Medium _____	Rounded _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
6	i				High _____	Retracted _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
7	a				Low _____	Open _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
8	ɒ				Low _____	Rounded _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
9	i				High _____	Retracted _____	Blade Ret, Tense B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
10	ʊ				High _____	Rounded _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
11	æ				Low _____	Open _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
12	aʊ				Low → Medium _____	Open → Rounded _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
13	oʊ				Medium 5 → Medium 4 _____	Rounded _____	Blade Ret _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
14	ei				Medium → High _____	Open → Retracted _____	Blade Ret, Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
15	ai				Low → High _____	Open → Retracted _____	Blade Ret → Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
16	ɔi				Low → High _____	Rounded → Retracted _____	Blade Ret → Lax B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	

BLENDS

1	pl				High → Medium _____	Closed → Open _____	Blade Ret → Blade Ret, T-T Elev _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
2	gl				Low → Medium _____	Open _____	Blade Ret, T-Back Elev Blade/Tip Dep → Blade Ret, T-T Elev _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
3	fl				High → Medium _____	Lower Lip Retracted → Open _____	Blade Ret → Blade Ret, T-T Elev _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
4	br				High → Medium/High _____	Closed → Lower Lip Tension _____	Blade Ret → Blade Ret, B-T SS _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	
5	st				High → Medium _____	Open _____	Blade Ret, T-T Elev/Dep → Blade Prot _____	Yes _____	Oral _____	I	M	F	I	M	F		I	M	F		I	M	F	

Key: “✓” + Correct Production “-” Incorrect Production “/” = Not Targeted
 I = Initial Position M = Medial Position F = Final Position
 V = Voicing R = Resonation DNA = Did Not Attempt
 Blade Ret = Blade Retraction B-T SS = Back of Tongue Side Spread TT Elev = Tongue Tip Elevation
 Blade Prot = Blade Protrusion T Back Elev = Tongue Back Elevation TT Dep = Tongue Tip Depression