

**Speech and Language Therapy Service**  
 Children, Young People and Families Service  
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14 FEB 2019

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### Speech and Language Therapy Report

|   |                                      |
|---|--------------------------------------|
| <b>Name:</b> James Case   | <b>Date of Report:</b> January 2019  |
| <b>Date of Birth:</b> 12/08/2014  | <b>Chronological Age:</b> 4;05 years |
| <b>Address:</b> 27 Brinton Crescent, Kidderminster, Worcestershire, DY11 6NT  |                                      |
| <b>Placement:</b> St John's Primary   |                                      |
| <b>Therapist:</b> Liz Chatterton  |                                      |
| <p><b>Background Information</b></p> <p>James was referred to speech and language therapy by his school in October 2018. He was seen for a class observation and one to one assessment in January 2019.</p> <p><i>Information from school</i></p> <p>There are no other concerns regarding James' academic or language skills aside from his speech clarity and his willingness to participate in spoken tasks because of his lack of clarity.</p> <p><i>Information from home</i></p> <p>James' mother is keen for him to be referred to Audiology and reports that he has failed hearing assessments in the past. He does not eat a wide variety of foods at home and prefers junk food. There were no specific concerns regarding his early language development.</p>  |                                      |
| <p><b>Findings of Observation and Assessment</b></p> <p><i>Word Knowledge</i></p> <p>James is able to follow a range of spoken instructions of increasing length and complexity. He has a good understanding of a range of early concepts at a single word level. He demonstrated an understanding of spoken instructions and questions in the classroom and could participate in a conversation with the therapist. The range of vocabulary used within his own spoken sentences was above the level expected for his age.</p> <p><i>Sentence Structure</i></p> <p>James's sentence construction skills were above the level expected for his age.</p> <p><i>Speech Clarity</i></p> <ul style="list-style-type: none"> <li>- At a single word level, James used sounds typically produced at the back of the mouth ([k] and [g]) for a range of other sounds including /t, d, f, v, s, z, sh, ch, j, th/ this rendered his speech very difficult to follow.</li> </ul> |                                      |

- In addition he sometimes uses plosive sounds [p] and [b] for fricative sounds /f, v/.
- He reduces some consonant blends e.g. 'smile' becomes "mile", 'slide' becomes "lide".
- At a single sound level, James struggles to achieve the correct tongue placement for /t/ and /d/ and even when his tongue is brought far forward in his mouth he is still producing a double articulation so that the sound produced has a velar quality and sounds like [k].
- At a single sound level, /sh/ is realised as [h] and although he can achieve the correct tongue and teeth placement /s/ either no airflow is produced or it is realised with a nasal airstream so that it is barely audible to the listener. The airflow for /f/ is also inconsistent with some productions realised with a nasal airstream.
- With a high level of support, James is able to produce a labial lingual plosive at single sound level and /th/ with an oral airflow. James generally appears to lack oral awareness.
- He can be highly anxious about experimenting with new sounds and is aware that he is having difficulty, sometimes telling with the therapist that he can't say particular sounds. His teacher reports that he is often reluctant to contribute verbally in the classroom even when the children are speaking in unison, because he is self-conscious that others are unable to understand him and this behaviour was observed by the therapist in a whole class activity.
- In discrimination activities, James initially struggled to identify whether the sound produced by an adult was done so with an oral or a nasal airstream, but he did get more proficient with this as the session progressed.
- In listening tasks, he was able to identify whether the therapist produced a /t/ or a /k/ at single sound level; in CV nonsense syllables and at the beginning of words.

### Summary

James' language skills are above the level expected for his age however he presents with a moderate phonological delay and a severe articulation difficulty affecting his production of all fricative sounds and some plosives. His speech difficulty is impacting significantly upon his self-confidence and his willingness to contribute verbally in the classroom.

James will now be transferred to the caseload of the named therapist for the school. Due to the complexity and severity of his needs, James would benefit from weekly direct input from a speech and language therapist / speech and language therapy assistant for a term to identify his potential for change. This is not part of the Core NHS service and would need to be funded separately.

James will be referred to Audiology for an assessment of his hearing. Specific targets to support his speech development will not be set until the outcome of that assessment is known. In the meantime, adults can support James with the following general strategies:

- a) Provide good models of speech at a single word level and in conversation.
- b) Try to ensure that James is looking towards you as you speak so that he can watch your mouth as you say key words.
- c) Do not expect James to copy you as you model a word.
- d) Keep background noise to a minimum
- e) Use general listening / discrimination games e.g. listening sounds lotto
- f) Encourage James to get his message across in different ways if you have not understood him e.g. using different words, pointing, gesture etc.

Signed: 

Liz Chatterton

Speech and Language Therapist

Copies to: Parents, School, Carenotes

**APPENDIX**

**Renfrew Action Picture Test (RAPT)**

**(Adapted scoring Worcestershire Health and Care NHS Trust –Wyre Forest 5/9/2013)**

(Age range: 3 years 6 months – 8 years 5 months)

An assessment of spoken language.

|                   | <b>Raw Score</b> | <b>Age Equivalent Score</b> |
|-------------------|------------------|-----------------------------|
| Information Score | 31               | 5;06 – 5;11 years           |
| Grammar Score     | 24               | 5;06 – 5;11 years           |

**Clinical Evaluation of Language Fundamentals (CELF) – Preschool – UK Edition**

(Age range: 3 years to 6 years 11 months)

| <b>Subtests</b>  | <b>Standard Score</b> | <b>Percentile Rank</b> |
|--|-----------------------|------------------------|
| <b>Receptive Language Subtests</b>   |                       |                        |
| Concepts and Following Directions<br><i>Assesses the ability to understand, recall and carry out spoken commands of increasing length and complexity</i> | 12                    | 75                     |
| Basic Concepts<br><i>Assesses understanding of concepts at a single word level</i>   | 14                    | 91                     |

The average Standard Score at any age is 10, with the range 7-13 being within the average range. The Percentile Rank is the number of children in 100 at the same age who would achieve an equivalent or lower score.

