## Appendix G: Orofacial Examination Form

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| --- |
| **School District:** *Enter District Name* **Date:** *Enter Date* |
| **Student’s Name:** *First Name* *Middle Initial* *Last Name* |
| **Student’s Date of Birth:** *Select Date of Birth* **Grade:** *Enter Grade in School* |
| **School:** *Enter School Name* **Student’s Age:** *Enter Student’s Age* |
| **Date of Assessment:** *Select Date of Assessment* **SLP’s Name:** *Enter SLP’s Name* |

**The orofacial examination of the above child revealed the following**:

|  |  |  |
| --- | --- | --- |
| **Facial Characteristics-lntraoral Characteristics-Function** | **Adequate** | **Inadequate** |
| Face (Appearance, Frontal View, Profile) |[ ] [ ]
| Lips |[ ] [ ]
| Tongue Characteristics (Size, Frenum, Protrusion) |[ ] [ ]
| Tongue Movement (Protrusion, Lateralization, Elevation) |[ ] [ ]
| Uvula/Pharynx |[ ] [ ]
| Dentition |[ ] [ ]
| Hard Palate |[ ] [ ]
| Soft Palate |[ ]  [ ]  |
| Velopharyngeal Closure |[ ] [ ]
| Diadochokinetic Rate |[ ] [ ]

**Comments on deviations or inadequacies:**

*Enter Text*

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**Oral Facial Functioning is adequate for speech production**. *Select YES or NO*

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SLP Signature Date