REPUBLIC OF KENYA

MINISTRY OF HEALTH

Ref: MOH/276D

ASSESSMENT FOR SPEECH, LANGUAGE, COMMUNICATION AND SWALLOWING DISABILITIES

Name of Health Facility:		**Date:**	**DD**	**MM**	**YYYY**

Applicant Information for the purpose of reporting on Disability Assessment:

Name:		**ID No.**		**Gender:**	
Date of Birth: **Age:**	**DD / MM / YYYY**	**Occupation:**		**Phone No.**	
County:		**Sub-County:**		**Marital Status:**	

Next of Kin Details:

Name:		**Relation:**		**Phone No.**	

Assembled Medical Team details:

MEMBERS	NAME	REG. NO.	SIGNATURE	Health Facility Official Stamp
Chairperson				
Member				
Member				
Member				

(***I understand that giving false information is punishable by the laws of Kenya)***

Note: the committee should have a minimum of three Members

Reason for referral:	
Referred By:	

Medical Diagnosis (if available):

History of Condition:

(Fill in relevant Birth History for Developmental Disorder or Medical History for Acquired Disorder)

Domains to be assessed: *(please tick)*

LANGUAGE ☐ SPEECH ☐ DYSPHAGIA ☐ COMMUNICATION ☐

Complete the areas below for Developmental Disorders only: *(please tick)*

Delay in Motor Milestones: Yes ☐ / No ☐

Sensory Impairment: Visual: Yes ☐ / No ☐ Auditory: Yes ☐ / No ☐

Other:

Please attach relevant reports, if available

Speech and Language Milestones achieved thus far:

Pre-Linguistic Skills: *(please tick if age appropriate or not)*

Eye Contact: Yes ☐ / No ☐ **Attention Span:** Yes ☐ / No ☐ **Imitation skills:** Yes ☐ / No ☐

A. LANGUAGE IMPAIRMENTS

This section is common for applicants with developmental or acquired disorders. Please complete briefly and use findings from standardized test scored to inform further.

(i). RECEPTIVE LANGUAGE	**REMARKS**
Attention, Memory	
Listening, Auditory Processing, Phonological Awareness	
Syntactic Comprehension (no. of information carrying words that applicant can understand in 1 sentence)	
Semantic Comprehension	
Reading Comprehension	

(ii). EXPRESSIVE LANGUAGE	REMARKS
Sound, word, sentence level production	
Non-verbal Communication	
Pragmatics	
Play/Work	
Written output	

B. SPEECH IMPAIRMENTS

	Check for:	Remarks
FLUENCY	Stuttering	
	Cluttering	
VOICE	Aphonia	
	Dysphonia	
ARTICULATION	Speech Sound Disorder	
	Motor Speech Disorder	

STANDARDISED TEST RESULTS AND INTERPRETATION

C. DYSPHAGIA

SLTs who are not dysphagia trained should use the checklist below to provide more information on applicant's swallow. If objective swallow assessment findings are available, attach report and skip the checklist.

Basic Signs & Symptoms of Dysphagia Checklist
ASLTK (Association of Speech and Language Therapists Kenya 2021)

Please complete checklist below if suspecting that applicant has dysphagia and refer on to dysphagia specialist for further assessment, confirmed diagnosis and management.

Possible Dysphagia/ 'red flag' symptoms: *(please tick)*

History of recurrent chest infections with or without hospitalization
 Current chest infection that are related to difficulties swallowing
 Dehydration and malnutrition related to difficulties eating & drinking.
 Unintentional weight loss short or long term.
 Taking a long time to eat/drink a small amount of food or unable to manage a normal amount of food/drink.
 Avoidance of particular foods or drinks.
 Avoidance of eating/drinking in social situations.
 Distress before/during/after eating and/or drinking.

Pre-oral Stage Difficulties: *(please tick)*

 Difficulty with self - feeding (as appropriate to age).
 Difficulty with cleaning own mouth/ teeth (as appropriate to age).

Oral Stage Difficulties: *(please tick)*

 Difficulty closing lips when eating and drinking. (Age appropriate)
 Difficulty taking food off a spoon or fork. (Age appropriate)
 Losing food or drink from the mouth (oral escape), age appropriate.
 Restricted oral movements due to neurological/ neuromuscular problem.
 Food residue in mouth after swallowing.
 Difficulty managing saliva/ drooling.

Pharyngeal Stage Difficulties: *(please tick)*

Blinking, eye bulging, squeezing eyes, tearing up/ crying, red eyes, or grimacing associated with swallowing.
Coughing, throat clearing during or soon after swallowing.
 Changing colour (flushed or blue/ grey) or breath pattern changes, just after swallowing.
 Nasal/ oral regurgitation of food/ drinks during/ just after swallowing.
 'Wet' or gurgly voice after swallowing.

Esophageal Stage Difficulties: *(please tick)*

 Reflux (heartburn, chest pain, acid) during or after (up to 30 minutes) swallow.
Coughing after eating/ drinking or regurgitating food.
 Coughing when lying down.
 Breathing difficulties or choking episodes, sometimes on saliva or on no oral intake.

SCORE: Total no. of ticks on all stage:

Please note that person with dysphagia may present with one or more of these symptoms.

CONCLUSION

SLT DIAGNOSIS: Include severity and complete attached scale to rate impairment, activity, participation, well-being, and distress.

Severity (circle as appropriate): Mild Moderate Severe Profound

Impact of disability on fulfilling PWD's roles and responsibilities.

Impact on Career

Recommendations: *(please tick and expand below)*

- ☐ Further management of speech, language, communication, swallowing disorder.
- ☐ Referral to other professionals
- ☐ Communication aids

Cause of disability			
Date of injury/onset of illness		☐ **Acute**	☐ **Chronic**
Date of last intervention			

RECOMMENDED ASSISTIVE PRODUCT(S).....

OTHER REQUIRED SERVICES.....

VERIFIED BY THE COUNTY DIRECTOR OF HEALTH

Name.....

Date .....

Signature.....

COUNTY DIRECTOR OF HEALTH OFFICIAL STAMP