Name: _______________________________________________ Sex: _______________
Age: __________ DOB: _______________ File #: ___________________________
Address:_________________________________________________________________
_________________________________________ Phone #: (_______)_______________
Referral Source: ___________________________ Date of Exam:___________________
Examiner:____________________________ Test Location:________________________

SCREENING KEY

ABNORMAL = YES; NORMAL = NO; QUESTIONABLE = YES
[For “YES” response, place ✓ in Deep Test box.]

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<tr>
<th>SCREENING TEST CHECKLIST FORM</th>
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| Name: ___________________________  Sex: __________
| Age: ___________ DOB: _______________ File #: ___________________________
| Address:_________________________________________________________________
| ___________________________________________ Phone #: (_______)_______________
| Referral Source: ___________________________ Date of Exam:___________________
| Examiner:____________________________ Test Location:________________________

I.  FACIAL STATUS

1. Does the face look asymmetrical, or possess any abnormal signs at rest? - - - - - - -

II.  LIP FUNCTIONING

1. Are the movements of the lips asymmetrical, or are the repetitions too slow, dysrhythmic, or imprecise? - - - - - - -

III. JAW FUNCTIONING

1. Are the movements asymmetrical, limited in range, or accompanied by TMJ noises? - - - - - - -

IV.  HARD PALATE

1. Is the arch shape or tissue appearance unusual? - - - - - - -
V. **TONGUE FUNCTIONING**

1. Do movements lack sufficient range and precision, or are the repetitions too slow, dysrhythmic or imprecise?   

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VI. **VELOPHARYNGEAL FUNCTIONING**

1. Are there signs of hypernasal or hyponasal resonance?  

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VII. **STATUS OF DENTITION**

1. Are there gross abnormalities in the alignment and condition of upper/lower teeth or signs of gross gum disease?  

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VIII. **MOTOR SPEECH PROGRAMMING ABILITIES**

1. Are there signs of articulatory groping, or whole or part word transpositions of the sequence?  

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**LIST EXAMINATIONS TO BE DEEP TESTED**

- - - - -

**COMMENTS:**