Ball State University
Audiology Clinic
Speech & Language Screening

Name: _____________________ Birth Date: __________ Age: _______ (years: months) Gender: ____
Test Date: _______________ Grad. Clinician: ____________________ Audiologist: ________________

AGE GROUP: Adult (18 Years and Older)

Have patient read rainbow passage. (If patient is unable to read, may have him/her count from 1-20 and tell you his/her name address and phone number.)

Listen for and indicate if any of the following are present:

Voice:
- ☐ Hoarseness
- ☐ Breathiness
- ☐ Reduced or excessive volume
- ☐ Excessively high or low pitch
- ☐ Shortness of breath when speaking
- ☐ Tremor/quivering voice
- ☐ Hyper or hyponasal resonance

Speech:
- ☐ Abnormal orofacial structures
- ☐ Omissions, distortions, or substitutions of speech sounds
- ☐ Less than 90% speech intelligibility
- ☐ Reduced inflection (changes in pitch, rate, or rhythm)

Fluency:
- ☐ Hesitations
- ☐ Repetitions
- ☐ Blocks
- ☐ Prolongations
- ☐ Excessive fillers
- ☐ Excessive rate

Language:
- ☐ Difficulty communicating information
- ☐ Difficulty answering questions

If any of the above are present, ask the patient if he/she:
- ☐ Is aware of these issues – if no, refer for full assessment by speech language pathologist.
- ☐ Is concerned about these issues (the problem has a functional impact on that person’s life) – if yes, then refer for full assessment by Speech Language Pathologist.