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Ssi-4 report template

1. Boston University Rehabilitation Service Academic Revocation and Language Center Name: Client Clinicians: Customer Deery, BS Supervisor: Diane Parris, MS, CCC/SLP, BRS/FD Presents Customer Problems, an 8.5 year old bilingual combination, presented with a moderate ease disorder characterized by all party word repetition, extended, and blocks. Concussive behavior includes audib inhalations, poor contact, moving hands on the face, tapping, and apparent tensions in the neck muscles. Customers referred to Boston University Speech and Language Centers by Joseph Dorko, MS, CCC / SLP of Boston Medical Center where an initial assessment was issued on December 1, 2006. This assessment indicates the presence of an ease disorder and recommends treatment at this facility. The story of this information was obtained in the case of history and parent interviews conducted February 2, 2007 with Customer's Father. Addressing assessments, concerns, and flu concerns occurred at the Boston Medical Center (December 2006), the Massachusetts General Hospital (July 2003, May 2004) and public school systems (March 2004). Recent medical stories and important findings from these assessments were included in this report. Client is the first and only child born in Mr. & XX. Because of the fact customers were born out of the country, no medical records were available before January 2003, when he and his family moved to the United States. However, parent reports and previous assessments indicate that labor and delivery as well as the first neonatal period were remarkable. The recent medical history is remarkable for a submucous thoughtful and recurring media otitis, which has successfully treated with antibiotics and placement of bilateral PE tubes in October 2002. He had a thorough prodigological assessment in May 2003 and suggests normal audience results. Development engine milestones are reported in time frames to anticipate. Parent reports indicate that Customers receive speech services in Columbia to solve sound deformation in their phone/s, z, sh/ and nasal emissions, difficulty consistent with the diagnosis of over-high palets. The Customer's mother reports that she was pleased with these services, and indicates that they were successful in solving her misarticulations and hypernasality. Customers now reside in XX with his mother and father in a Spanish-speaking house. Prior to moving to the United States at age 4, Customer was a Spanish speaker, and limited exposure to English. When they came to America, he was File Client #: 2, Enroll at Kindergartland at The William McKinley School in MA in an English-speaking classroom. Customers are now in the third year of X Elementary School. History case indicates the highest average performance in history, and science, with lower average performance in reading and language. Customers receive special reading services after school. The Customer's Father reports that Customer is a respectful and intelligent boy who enjoys playing football and riding his bike. His parents feel like he has adjusted well to living in the United States, and has social relationships with social mates. Previous Assessment of a Massachusetts General Hospital XX Healthcare (MGH) in July 2003 revealed sound deformation of /s, sh, z/, and the presence of a serious/moderate disease facilitated characterised by upscale sound and word/sentence repetition. Services were rendered at MGH for two sessions before being ejected from the public's XX school system. An assessment of the XX Public School System is conducted in March 2004 based on recommendations from MGH. Vocal quality and ease of speech were deemed to be at normal limits during this assessment. Speech intelligence was too severely observed in spontaneous speech, and it was thought to be caused by rapid speech rates and latest sound/sickle deletions. Test item test reveals the substitution of f/th (unprecedented) at all positions of words, and b/v in the medical position of word. Based on this assessment conclusion, direct symposium and language services were not recommended in the public school system. Fluency and professional quality did not appear to be interfering with customer's academic performance or customer's peer interaction. A follow-up assessment of MGH in May 2004 was designed to address parenting's continued concerns regarding liquidation. At that time, customer's mother was expected to re-initiate the MGH service since Customers did not qualify for services to the public school. This assessment result indicates the presence of a moderate/severe disease, characterized by sound/interjection, interjection, and block. High behavior included facial ugliness and body movement. Avoid behavior include changing the word sentence among. Voice, pragmatic, and receptive and expressive language skills were deemed to be at normal limitations. Customer's sound deformity and hypernasal voice quality appeared at the moment they were solved. As a result of this test, individual therapy was recommended. Two sessions attended before Mr. Kadona reported to seek other services to better match the needs of their children and learning styles. Customers saw for a flu assessment at Boston Medical Center in December 2006 after a referral from the customer's pediatrics, Dr. S. At that time, Customer's mother noted to be increasingly concerned about Client Facilities, which she felt gradually increased in frequency and severity. It also indicates that Client File #: 3. Customers were killed by his comrade, and had several negatives in the classroom related to lowering. The results of this assessment were consistent with the previous assessment of MGH. The results indicate the presence of a moderate/severe liquid disease by part/whole word repetition of 2-3 iterations, upscale, and blocks with some high behaviors and avoid obvious evidence. Based on this assessment, customers were recommended to receive speech services at Boston University Clinic. Customer Behavior Observation is a polite and friendly boy who has been cooperating throughout today's ratings. He talked openly about exciting him, and he was easily engaged in conversations about school and sports. Today's assessment is felt to be a reliable representation of his speech and facilitated behavior. The Fluency of the Instrument's Severity Speech to Children and Adults, Third Edition (SSI-3) administered in Customers assessing the gravity, frequency and high behavior associated with its diffusion. Two speaking situations were analyzed including a job description photo and an appropriate age oral reading sample for a total of 300 syllables. Customers received a total score of 27 on this measure from a possible 56 corresponding to a mild moderate rating when the Customer score compared to other school age children facing age. Disfluencies are performed mainly in sound rehearsals, whole and rehearsals party words in the average of iteration, upscale, and blocks. Several diffusers noted to arrive in clusters (i.e. prolongation + blocks, rehearsal sound + rehearsal word). The average length of the customer's three longest events was 1 second. Custody behavior associated with client's stuttering events include breathing noises, poor contact, tension course visible, and movement of the extremities (including moving hands on the face and foot tapping and balancing). In conversational speech, Customers noted to use a high frequency of injections (i.e. uh, um, like), and often included an extended start and audib start at the initial position of word (namely and, out, h/do) during which tension visible in the course was observed. Frequent and swift inhalations as well as poor breath support were also observed on some occasions. Two cases of substitution words were noted in the reading passage indicating the possible presence of avoidance behavior. Customers complete the Bruten Children's Attitude Test (CAT) with a score of 23 (meaning child scores will be cut = 16.7; mean non-standing child scores = 8.7). This note indicates that Customers have awareness and concerns about talking. The Client's father indicated that there were some difficult situations at school, increasing to the point indicating his parents that he no longer wants to go to school. Customers have the children often imitate his speech and have fun in his excitement. He had not developed any strategy to deal with intimidation. Other informal observations of articles indicating presence at all ages appropriate sound in speech connected. Voice quality and reason was deemed to have been at normal limits. Client File #: 4. An informal observation of Spanish and English language of linking revelation indicates that it is of normal limitation for conversation purposes. Additionally, all previous assessments found receptive and expressive language must be in the average range. Skill readings are not assessed at this time of assessment when addressed in school settings. Pragmatic skill was regarded as a strength. Summary and Customer Impressions is a friendly and polyestic 8.5 year old bilingual boy who presents with a moderate ease disorder characterized by part with whole word repetition, prolonged, clusters and blocks. A high frequency of injections and reviews were also noted in conversational speech. Clients seem to have awareness of her diffusion and her parenting reports indicate that bothering with other negative talk experiences occur more frequently at school. The prognosis for improving the facilities of state-appropriate state-of-the-ban sympathetic intervention is excellent. Positive prognosis indicators have customer age, support families, and motivations to come to speak. Recommendation 1. It is recommended that Customers must see for treatment sessions by weekly individual treatment sessions. Sessions should be for one hour in length. 2. Treatment should include the following: a. Increase Customer's understanding of discontent and diffusion. This will be addressed though education in the basic anatomy for anatomy and identification at stuttering moments. B. Increases facilities by teaching techniques to improve techniques such as Easy Relax Approach-List Movement. This approach combines slight discount rate reductions and physical tension in revulsion muscles, with gradual movement of the rest of sentence using normal reving patterns (Reardon & Yarus, 2004). This approach will be introduced in a starter hierarchy with words, moving to sentences and eventually structured conversational speech and reading. Eventually these new behaviors should be transferred to real life situations to talk situations that gradually increase in difficulties. c. Teach stuttering modifications including pull-outs as a tool for customers to use during deficiency moments. d. Customer counselor and family about the nature of the disease, feelings and attitudes associated with extraordinary resources, and available to lowered-need children. 3. Testing of customer receptive and expressive language skills is recommended to determine if there are additional factors contributing to his diffusion. She had a pleasure at working with Customers and Family. Please feel free to call parental consent for more information: 617-353-7479. _Christina Deery, BS Diane Parris, MS CCC/SLP, BRS-FD Customer Record #: #:

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