

Area: Program Services
Subject: Diagnostic Services in Speech-Language Pathology
Policy No.: 120

POLICY

It is the policy of the Center for Communication Disorders to complete a comprehensive diagnostic evaluation of communication skills with each client seeking speech-language services from the Center.

PURPOSE

The purpose of this policy is to ensure that each client's communicative needs are fully assessed, in order that appropriate recommendations for case management may be made.

PROCEDURES

1. The supervisor assigned to a client will consult with student clinicians to prepare the diagnostic protocol.
2. The clinicians must consider the client's needs as stated in the case history. A rationale should be formulated which will be the basis of selecting formal/informal assessment procedures for obtaining necessary diagnostic information. Among the areas to be considered for assessment and observation are: receptive and expressive language abilities, pragmatic skills, articulation and phonological development, fluency and voice; hearing; oral motor functioning; general developmental abilities, including fine and gross motor functioning; pre-linguistic behaviors; cognitive considerations; daily living skills and social abilities.
3. The diagnostic protocol will include the following:
 - a. pure-tone air-conduction thresholds at 500, 1K, and 2K Hz when possible; recommendation and referral for audiological testing if screening cannot be completed at the time of diagnostic;
 - b. formal procedures including standardized test procedures, when appropriate, for areas of main concern as stated in client intake and as determined in rationale;
 - c. non-standardized procedures for evaluating other areas of communication and general skills;
 - d. an oral-peripheral examination;
 - e. an interview to obtain further information on client's statement of problem, appropriate background information, communication skills, weaknesses and needs.
4. At the conclusion of the evaluation, the case supervisor and the clinician will hold an immediate conference to determine the general outcome of the evaluation and recommendations.

5. At the conclusion of the post-evaluation conference, the diagnostic team will inform the client or family of preliminary conclusions and recommendations. If necessary, appropriate referrals to other professionals may be made at this time. More detailed information concerning test results and recommendations can be communicated to client or family through a phone conference, by the written diagnostic report, or in person at a later time.
6. The diagnostic team will obtain signed release of information forms for every report which is being requested by the client of the Center, or by the Center of another person or agency.
7. The diagnostic team will complete a written report of its evaluation. This report will include the following:
 - a. statement of problem/reason for referral;
 - b. pertinent background information, which may include: medical and developmental history, educational history, prior testing, and family information;
 - c. results of testing and clinical observations including: client's response to test situation; general receptive and expressive language abilities; specific tests administered and their scores; results of hearing screening and oral-peripheral examination; response to trial therapy;
 - d. conclusions and recommendations, to include: a summary of the client's communication skills and/or deficits, based on test results and clinical observations/impressions; prognosis; suggestions for goals (Plan) of treatment when it is recommended; nature of referrals to other services or professionals; any additional recommendations, and the basis for them, which are discussed with the client and/or family;
 - e. signatures of the clinical supervisor and student clinicians.
8. The diagnostic report will be available for dissemination no later than 15 working days of the completion of the evaluation.
9. The final diagnostic report will be filed in appropriate areas according to recommendations as follows:
 - a. with active files when treatment is initiated
 - b. with inactive files if no further action is recommended
 - c. with "Waiting" files, if therapy is recommend but an opening is not available