Report to CLP registry

Assessment of speech/babbling 18 months

Treatment centre: .....

Civic registration number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋–⌊_⌊_⌊_⌊_⌋ (yyyymmdd-nnnn)

***Last name*:** ..... (Please, use block letters) ***First name*:** ..... (Please, use block letters)

Date of registration ⌊_⌊_⌊_⌊_⌋–⌊_⌊_⌋–⌊_⌊_⌋ (yyyy-mm-dd)

No show ☐ Yes

Soft palate ☐ Operated ☐ Unoperated
Hard palate ☐ Operated ☐ Unoperated
Fistula ☐ No ☐ Yes ☐ Unknown

Recording
Audio ☐ No ☐ Yes
Video ☐ No ☐ Yes

Evaluation data

Perceptual evaluation (choose one alternative)
☐ Not evaluated ☐ Not judgeable
☐ Evaluated, please continue:

Oral stops ☐ Yes ☐ No

Anterior oral stops ☐ Yes ☐ No

Number of different consonants (Max number 18) ⌊_⌊_⌋

Examiner SLP

***Last name*:** ..... (Please, use block letters) ***First name*:** ..... (Please, use block letters)