

Treatment centre:

Civic registration number - (yyyymmdd-nnnn)

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

Date of registration - - (yyyy-mm-dd)

No show Yes

No further follow ups Yes

Age of registration 5 years 10 years 16 years 19 years

Residual cleft alveolus No Unoperated

Fistula No Yes Unknown

Other problems

Diagnosed language and/or

motor speech disorder No Yes

Diagnosed developmental disorder No Yes

Diagnosed hearing impairment No Yes Unknown

SLP services

Routines and reviews No Yes

Treatment No Yes

Number of visits (since last registration) Max number 99

Recording

Audio No Yes

Video No Yes

Instrumental evaluation (since last registration)

Videoradiography

Not evaluated

Not judgeable

Evaluated, give

number (1-10)

Nasoendoscopy

Not evaluated

Not judgeable

Evaluated, give

number (1-10)

Evaluation data

Velopharyngeal competence (choose one alternative)

Not evaluated

Not judgeable

Competent/sufficient

Marginally incompetent/insufficient

Incompetent/insufficient

Perceptual evaluation of consonants (choose one alternative)

Not evaluated

Not judgeable

Evaluated, please continue:

PCC

Number completed

Number correct

Speech errors behind velopharynx

Number completed

Number of errors

Parent-reported intelligibility

Not evaluated

Not judgeable

Evaluated, give value (between 1 and 5 with one decimal)

Examiner SLP

Last name:
(Please, use block letters)

First name:
(Please, use block letters)