

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

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

Recording in medical record

Audio No Yes
Video No Yes

Evaluation data

Perceptual evaluation (choose one alternative)

Not evaluated Not judgeable
 Evaluated, please continue:

Evaluation based on

Visit at clinic Digital contact Caregiver's recording

Oral stops Yes No

Dental/alveolar stops Yes No

Number of different true consonants [][] Max number 16

Is babbling representative of child's production (according to caregiver)?

Yes No Unknown

Examiner SLP

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