**Speech Language Assessments Available in the Library at ESC Region 13**


The DP-3 provides five scales (Physical, Adaptive Behavior, Social-Emotional, Cognitive, Communication), each with 34 to 38 items, designed to assess the development and functioning of children from birth through age 12.


Measure cognitive, language, motor, social-emotional, and adaptive development of children between the ages of 1 month and 42 months. Provide developmental risk indicators that may detect atypical behaviors that warrant further evaluation (but does not provide a diagnosis).


This cognitive program is designed to give children insights into why they may have voice problems related to voice abuse. Step-by-step guidelines and materials are provided for both the evaluation and remediation of voice disorders in children. The Screening, Evaluation, and Referral Manual includes instructions and stimulus materials. Vocal abuse and therapy procedures in the Remediation Manual incorporate a hot-air balloon race as a stimulus for the child to keep record of voice progress. Picture, written, and spoken stimuli are presented for 12 facilitating approaches to be used in voice therapy: Changing Horizontal Focus, Changing Loudness, Changing Vertical Focus, Chewing, Ear Training, Eliminate Hard Glottal Attack, Establish New Pitch, Explanation of Problem (Counseling, Masking, Open Mouth, Pushing, and Yawn-Sigh.


This popular, individually administered test measures receptive spoken grammar, vocabulary, and syntax. It tells you how well a child understands word classes and word relations, grammatical morphemes, and elaborated sentence constructions. The test includes 142 items presented in three sections. Within each section, items are arranged according to difficulty, and basals and ceilings are provided for scoring. Each stimulus item is composed of a word or sentence and a corresponding plate showing three color drawings. One of the three pictures illustrates the meaning of the word, morpheme, or syntactic structure being tested. The examiner reads the stimulus aloud, and the child points to the picture that he or she believes best represents its meaning. Oral responses are not required. Administration takes only 15 to 25 minutes, and scoring is equally quick and easy. Standardized on more than 1,000 children, TACL-3 provides age- and grade-based norms and percentile ranks, standard scores, and age equivalents for children aged 3-0 through 9-11. The normative sample reflects U.S. census data in regard to socioeconomic factors, ethnicity, gender, disability, and other critical variables. In addition, norms are stratified by age relative to gender, race, ethnicity, and disability. TACL-3 is commonly used to identify children with language problems and to clarify the nature of their problems. Test results clearly indicate areas of grammatical competence that need further assessment or remediation. The test is helpful in grouping children for intervention and instructional purposes, for monitoring progress, and for explaining language deficits to parents. Studies reported in the manual show that the test has no gender, racial, or ethnic bias.


The Diagnostic Evaluation of Articulation and Phonology (DEAP) is a comprehensive standardized assessment that evaluates both articulation and phonological processes. The DEAP includes a Diagnostic Screen, a diagnostic Articulation Assessment, a diagnostic Phonology Assessment (with a phonological analysis), and an Oral Motor Screen.


Designed to elicit responses from the preschool child that indicate his/her vocabulary, articulation, and language performance.


The Arizona 3 provides a quick, reliable, and well-standardized measure of articulation proficiency in children.
German, Diane J. Test of Word Finding (TWF-2). 2nd ed. Austin, TX: Pro-Ed, 2000. The TWF-2 helps you evaluate word-finding ability based on accuracy and speed. This tool provides the information you need to formulate an intervention plan using the child’s test results. The TWF-2 includes four naming sections: Picture Naming Nouns, Sentence Completion Naming, Picture Naming Verbs, Picture Naming Categories. In addition, the TWF-2 provides five supplemental analyses as follow-up procedures to the word-finding measures. You will gain critical information from these analyses to both enhance the interpretation of a student’s test performance and to help create an appropriate intervention plan.

Gillam, Ronald B. TOCS: Test of Childhood Stuttering. Austin, TX: Pro-Ed, 2009. The Test of Childhood Stuttering (TOCS) provides clinicians and researchers with a sound method for assessing speech fluency skills and stuttering-related behaviors in children 4 through 12 years of age. Its main purposes are to (1) identify children who stutter, (2) determine the severity of a child’s stuttering, and (3) document changes in a child’s fluency functioning over time. It can also be used as a tool in research on childhood stuttering. The TOCS is comprised of three major components: The Standardized Speech Fluency, The Observational Rating Scales, and The Supplemental Clinical Assessment.

Gillam, Ronald B. Test of Narrative Language. Austin, TX: Pro-Ed, 2004. The Test of Narrative Language (TNL) is an easy-to-administer test that: identifies language impairments, measures the ability to answer literal and inferential comprehension questions, measures how well children use language in narrative discourse, and serves as a natural complement to other standardized tests.

Gilliam, James E. Gilliam Asperger's Disorder Scale (GADS). Austin, TX: Pro-Ed, 2001. The Gilliam Asperger Disorder Scale is a norm referenced test designed to evaluate children with unique behavioral problems who may have Asperger's Disorder. Based on the most current and relevant definitions and diagnostic criteria of Asperger's Disorder, the GADS is useful for contributing valuable information toward the identification of children who have this disorder. Easily completed by a parent and professional who knows the child, the GADS provides documentation about the essential behavior characteristics of Asperger's Disorder necessary for diagnosis. It can be used with confidence in the assessment process, documenting behavioral progress, targeting goals for IEPs, and for research purposes.

Gilliam, James E. and Lynda Miller. Pragmatic Language Inventory. Austin, TX: Pro-Ed, 2006. Examiner's manual, 2 summary/response booklets. The Pragmatic Language Skills Inventory (PLSI) is an easy-to-use, norm-referenced rating scale designed to assess children's pragmatic language abilities. Its 45 items can be administered in only 5-10 minutes.


Jensen Sharlet Lee. Early Functional Communication Profile: A Dynamic Assessment for Social Communication Disorders. East Moline, IL: LinguiSystems, 2012. The targeted skills are hallmarks of atypical development in the preverbal child. The profile measures subtle, functional changes in nonverbal communication skills in children with severe disabilities along with larger gains in children with moderate disabilities. Use it to gather information that will help determine a starting point in therapy and show progress over time.


The profile is the result of a more than twenty-year project to develop a sensible and organized method of evaluating communication skills in individuals with developmental delays.


This profile includes everything you need to assess communicative competence and design intervention for the ever-changing needs of people who use AAC systems.


This kit contains the Administration guide which provides an introduction to Transdisciplinary Play-Based Assessment and Intervention and discusses necessary components and procedures, authentic and total assessment, planning considerations, overcoming barriers to implementation, obtaining preliminary information, getting the most out of play interaction, other related topics. It also included the separate volumes for the assessment and interventions.


Designed to make speech evaluation as simple as possible so that progress in acquisition of phonetic & phonologic level skills by hearing-impaired children can be mapped by their teachers & clinicians and by research workers.


This test is used to evaluate the language development and emergent literacy skills of prekindergarten, kindergarten, and first-grade children. The primary purpose of ALL is to diagnose children who exhibit language disorders and to identify children who are at risk for later reading disabilities due to specific risk factors including environment, heredity, and difficulties with the phonological system of language.


The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, play, and restricted and repetitive behaviors. It presents various activities that elicit behaviors directly related to a diagnosis of ASD. By observing and coding these behaviors, you can obtain information that informs diagnosis, treatment planning, and educational placement.


The S-FAVRES was carefully constructed with input from speech-language pathologists, adolescents, teachers, and experts in adolescent development and brain injury. The S-FAVRES is based on research evidence that has identified the need for an adolescent measure that: --Challenges the cognitive-communication skills that are under development during adolescence, --Evaluates aspects of complex comprehension (sarcasm, humour, intent, gist or central theme) discourse, social communication, verbal reasoning, problem solving, meta-cognition, executive functions, --Examines the interplay between cognitive, communication, and emotional regulation skills in real life, integrative tasks, --Is sensitive to higher order cognitive-communication deficits that emerge in adolescents, --Is sensitive to subtle deficits of MTBI, --Assesses integrative functions or activities in which combined skills or processes are required, and --Includes timed scores to evaluate speed of processing.


A screening device that assesses abilities in 4 areas: communications, concepts, fine motor and gross motor skills.
Martin, Nancy A. Test of Auditory Processing Skills (TAPS-3). 3rd ed. Novato, CA: Academic Therapy Publications, 2005. This useful battery can help you diagnose auditory processing difficulties, imperceptions of auditory modality, language problems, and/or learning disabilities in both children and teens. The TAPS-3 offers seamless coverage for ages 4 through 18 years. Used by psychologists, speech pathologists, language specialists, learning specialists, diagnosticians, and other testing professionals, it measures what children and teens do with what they hear. The TAPS-3 includes the following subtests: Word Discrimination, Phonological Segmentation, Phonological Blending, Numbers Forward, Numbers Reversed, Word Memory, Sentence Memory, Auditory Comprehension, and Auditory Reasoning. The order of the subtests reflects a developmental progression from easiest to most difficult tasks. The Auditory Reasoning subtest is specifically designed to tap auditory cohesion, a higher-order process. An optional task, Auditory Figure-Ground, is available separately on CD. It can be used to identify possible attention difficulties and determine how the child's auditory processing works in "real-world" situations. The test provides not only an overall score, but three cluster scores, as well: Basic Auditory Skills, Auditory Memory, and Auditory Cohesion. Some subtests offer partial credit to more accurately reflect the child's auditory abilities.


Miller, Lynda. Dynamic Assessment and Intervention: Improving Children's Narrative Abilities. Austin, TX: Pro-Ed, 2001. Using short, charmingly illustrated, wordless picture books, this program explains how to evaluate children's narrative skills (which are closely tied to academic success); identify which aspects need work; and provide intervention that supports students' efforts to extend what they know. Worksheets guide the teacher through story collection, scoring, and designing intervention. Three case studies describe the entire process.

Montgomery, Judy K. MAVA: Montgomery Assessment of Vocabulary Acquisition. Greenville, SC: Super Duper Publications, 2008. Research tells us that children with large, rich vocabularies have better verbal, reading, and writing skills. MAVA evaluates a child's knowledge of basic (tier one), high frequency (tier two), and curriculum-based (tier three) words. This assessment includes, up-to-date word choices, full-color illustrations, and everything else you need to evaluate the listening and speaking vocabulary of children ages 3;0-12;11.

O'Neill, Daniela K. Language Use Inventory: An Assessment of Young Children's Pragmatic Language development: Manual. Waterloo, Ontario: Knowledge in Development, Inc., 2009. 14 subscales assess child's communication in wide range of settings and for broad variety of functions including, for example, requesting help, sharing focus of attention, asking and commenting about things and people; guiding interactions with other people; sharing humour; talking about language and words; adapting communication to perspectives of other people; and building longer sentences and stories.

Phelps-Terasaki, Diana and Trisha Phelps-Gunn. Test of Pragmatic Language (TOPL-2). 2nd ed. Austin, TX: Pro-Ed, 2007. Pragmatic language is critical for adequate communication and for understanding the conversations around you. It is pragmatic language--language in social context--that helps you comprehend not only what is said, but why it is said. The Test of Pragmatic Language-2 (TOPL-2) expands on the original for an even more in-depth and comprehensive analysis of social communication in context. The TOPL-2 allows you to assess the effectiveness, and appropriateness, of a student's pragmatic language skills. Administered in approximately 45-60 minutes, it tests six core subcomponents of pragmatic language: physical setting, audience, topic, purpose (speech acts), visual-gestural cues, and abstraction. Raw scores, percentiles, standard scores, and age equivalents are provided. The convenient, spiralbound flipbook features people of various ethnicities in large-format color drawings. Designed for use by speech-language pathologists, the TOPL-2 also provides important information about social skills and conflict resolution. Individually administered, this test is appropriate for individuals aged 6-0 to 18-11.

The Test of Phonological Awareness in Spanish (TPAS) measures phonological awareness ability in Spanish-speaking children. The TPAS can be used to help identify children who may benefit from instructional activities to enhance their phonological abilities to aid reading instruction.


The Stuttering Prediction Instrument for Young Children (SPI) is designed for children ages 3 to 8 years and assesses a child’s history, reactions, part-word repetitions, prolongations, and frequency of stuttered words to assist in measuring severity and predicting chronicity. This easily administered tool can help you determine whether or not to schedule a child for therapy.


Behavioral rating scale of 15 items intended to identify children with autism, and to distinguish them from developmentally handicapped children without the autism syndrome; especially to discriminate between autistic and trainable mentally retared children. Areas of evaluation are: relating to people; imitation; emotional response; body use; object use; adaptation to change; visual response; listening response; taste, smell, and touch response and use; fear or nervousness; verbal communication; nonverbal communication; activity level; level and consistency of intellectual response; general impressions.


The CAAP is a norm-reference instrument that assesses the articulation and phonology of preschool and school age children.


Determines language strengths and weaknesses. Provides Receptive Language and Expressive Language scores, and additional composite scores-Language Structure, Language Content, Language Content and Memory, and Working Memory.


The Strong Narrative Assessment Procedure (SNAP) is an easy-to follow, step-by-step program for assessing students’ narrative skills.


The ARTIC LAB is a bilingual response to intervention (RtI) program for elementary school children who exhibit mild articulation deficits in English or Spanish. This 20-hour evidence-based program provides sound placement instruction, intensive drill work, and sound generalization activities prior to referral for speech-language pathology services.


Language LAB is a response to intervention (RTI) program for elementary school students (grades K–4) whose English language abilities fall below grade-level standards. This 15-hour (60 or 90 minutes per week), evidence-based program provides Tier II or Tier III language intervention for groups of 2–4 students. Language LAB introduces systematic, research-based instruction to students prior to making a special education referral. The language skills taught in Language LAB are consistent with state educational standards and promote strong reading skills. Language LAB consists of five (5) learning stations—Skill Drill Station, Listen and Learn Station, Talk Aloud Station, Story Station, and Homework Connections Station. Over a 30-minute session (2–3 days per week), students rotate through all four stations. The first three stations teach specific grammar and vocabulary skills and the fourth station targets narrative skills.
This is a flexible system of individually administered tests used to assist a clinician to accurately diagnose a language disorder in children and adolescents ages 5-21 years. Using the CELF-5's battery of structured tasks that test the limits of a student's language abilities as well as observation- and interaction-based tasks, clinicians can effectively pinpoint a student's strengths and weaknesses to make appropriate placement and intervention recommendations.

The Emerging Literacy & Language Assessment (ELLA), evaluates the skills children ages 4;6 to 9;11 need to become proficient readers. The ELLA meets Early Reading First requirements for educators needing to use evidence-based diagnostic tools to identify children at risk for reading failure. The manual includes a Curriculum and Classroom Connection for each of the 22 subtests and case studies to help you establish treatment and IEP goals. Individual administration for ages 4;6 – 5;5 (all three sections) takes about 30-45 minutes, and for ages 5;6 – 9;11 (all three sections) takes about 60 minutes. The ELLA is norm- and criterion-referenced. It includes standard scores, confidence intervals, percentile ranks, means, and age equivalents.

Designed to help speech-language pathologists, special educators and psychologists identify children, adolescents, and young adults who have not acquired the expected levels of metalinguistic competence in semantics, syntax, and/or pragmatics.

Each question is scored on a Likert scale from 1–5. Responses are totaled into Impact Scores and Impact Ratings (Mild through Severe) for each of the four sections: General Information, Your Reactions to Stuttering, Communication in Daily Situations, and Quality of Life. There also is an overall score. The OASES assessment uniquely measures the impact of stuttering on a person’s life—unlike most other stuttering instruments, which focus mainly on the frequency and type of stuttering events. This brief, yet comprehensive self-report is built on a solid theoretical foundation to help you assess the impact of stuttering in multiple life situations. Use this evidence-based tool to support effective intervention. For ages 7 and above. Features & Benefits: -Provides a quick and easy self-assessment that adds to a comprehensive evaluation, -Enables insight beyond a numerical stuttering severity rating, -Helps you better understand the complexity of a stuttering condition, -Allows you to evaluate the speaker's perceptions about stuttering behaviors, the speaker's reactions to stuttering, and difficulties he or she may have in performing daily activities that involve communication, -Offers the first published measure designed to examine functional communication difficulties and quality of life for those who stutter, and -Promotes self-awareness for a person who stutters of how the condition affects different areas of his or her life, including school, work, home, and social settings.