

STUDENT'S NAME: _____ DATE _____

SCHOOL: _____ DOB: _____

Write WNL or YES or a checkmark in the blanks if no problems are observed.
If problems are observed, write either NO or a description, as appropriate.

1. LIPS

Habitual posture: Closed _____ Open _____

Evidence of Cleft Lip or other structural problem: Yes _____ No _____

Describe: _____

Symmetrical appearance: Yes _____ No _____

Describe: _____

Mobility: Presses _____ Purses _____

Retracts _____ Symmetrical movement _____

2. MANDIBLE

Mobility: Sufficient _____ Insufficient _____

3. TEETH

Condition: WNL _____ Excessive decay _____

Spacing: WNL _____ Excessive spaces _____ Crowded _____

Missing teeth: All present: _____ Specify missing teeth _____

Occlusion: WNL _____ Under bite _____ Over bite _____

Open bite _____

4. TONGUE

Carriage: Normal _____ Protruded _____

Protrusion: Deviation _____ Tremors _____

Mobility: Elevation _____ Lateralization _____

Licks in circular motion _____

Sweeps palate from alveolar ridge _____

Moves independently of jaw _____

Lingual Frenulum: Attached _____ Unattached _____

5. PALATE

Hard Palate: Normal _____ Cleft _____ Describe _____

Contour: Normal _____ Flat _____ Deep/Narrow _____

Velum:: Normal _____ Cleft _____ Describe _____

Length: _____ Satisfactory _____ Short _____

Mobility: _____ Adequate _____ Inadequate _____

Uvula: Normal _____ Deviated _____ Bifid _____

Tonsils: Normal _____ Enlarged _____ Removed _____

Speech-Language Pathologist: _____