

DAGBANI CLEFT ASSESSMENT SCREENER

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Patient Name: _____ Clinician Name: _____ Date: _____

Medical History: Cleft lip unilateral / Cleft palate / Cleft lip & palate / Syndrome

Feeding: Nasal regurgitation YES / NO

Surgical: Repaired / Unrepaired

Oral Exam: Palate: Intact/Abnormal Fistulas: Absent/Present (hard palate/soft palate/alveolar ridge/)

Velar elevation: Active / Inactive Symmetrical/Asymmetrical

Coordination of Movement: Without sound typical/uncoordinated. With speech typical/uncoordinated.

Resonance: Typical? Hyponasal? Hypernasal? Cul de sac ?

Resonance shifts with nasal occlusion on “eee” and “uuu”? Yes / No

Tasks: Count 1-10. Repeat each CV syllable 3 times: pa, pi, ta, ti, ka, ki, sa, si

Single sound, word, and phrase assessment: (circle errors and note type of error)

Sound/Word	Phrase	Sound/Word	Phrase
P paham	paham pa'a	V vehim	vehim voli
B baba	Bun bua	F fogn	Fogn firla
T timtooni	Timtooni ntui	Sh shinigu	shinigu shaara
D Daa	Daa dali	Ch chibo	Chal chibo
S suhum	Suhum soli	G gali	Gali gom
Z zum	Zum zina		

Note the type of cleft palate speech error made in the assessment: glottal stops, nasal fricatives, pharyngeal fricatives, mid-dorsum palatal stops, coarticulation, weak consonants, nasalized consonants, presences of nasal air emission.

Nasal emissions: circle syllable/word when air escapes from nostrils (Audible: nasal turbulence? Visible: fogging of mirror? Nasal grimacing on high pressure sounds?)

Recommendations: Surgery? Speech Therapy? Both? Neither?