

## Observation Forms

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AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

Certified Member

Patient Name	
Date of Birth	

**Dinner time (check all that apply):**

Drinks water to wash down food	Talks with food in mouth
Balloons cheeks when drinking	Doesn't like food on hands
Tongue comes out to greet cup	Picky eater
Water spills while drinking	Gets up and walks around during meal
Eats with mouth open	Tongue protrusion noticeable
Hear smacking noises while eating	Uses finger to swipe food in cheeks
Chews on one side (left/right) <i>circle one</i>	Burping
Overstuffs the mouth	Gas
Rapid pace of eating	Complains of upset stomach
Food escaping while chewing	Hungry within two hours of dinner
Messy eater (face is full of food)	Needs TV on
Messy eater (table and floor full of food)	Other:
Uses the chair like a jungle gym	

Description:

## Observation Forms

### Night time (check all that apply):

Snoring	Sweaty sleeper	
Sleeps with mouth open	Back sleeping	
Head tilted back	Side sleeping	
Arms wide	Stomach sleeping	
Sheets disheveled in AM	Audible breathing/noisy	
Drool on the pillow	Wakes up tired	
Grinding teeth	Needs afternoon nap	
Clenching teeth	Wakes up multiple times	
Nightmares	Dark circles around eyes	
Talking in sleep	Congestion at night	
Sleeping with bottom in air/legs tucked	Props head with pillows	
Wetting the bed	Moves around bed/restless sleeper	
History of wetting the bed	Dry mouth in morning	

Description:

### General (check all that apply):

Poor posture	Lip licking	
Clumsy	Tongue protrusion	
Open mouth/lip posture while watching TV	Inattention during the day	
Tongue visible at rest	Audible breathing	
Tongue visible while speaking		

## Observation Forms

Please take pictures and/or video of the following prior to your evaluation:

- 1) Child sleeping (face and body position) in the bed
- 2) Child sleeping in a carseat (if applicable)
- 3) Child eating during dinner (keep video less than 1 min)
- 4) Bring a baby picture(s) showing if there is a history of lips apart posture