

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			

Additional information:

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	

Additional information:

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			

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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