

# **Report Writing for Speech-Language Pathologists**

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## Technical Aspects of Report Writing

### INSTRUCTIONAL OBJECTIVES

1. Understand objectives and rules of report writing.
  2. Choose appropriate style for reports.
  3. Plan, prepare, and write the first draft of an evaluation report.
  4. Appreciate the value of revising and refining reports.
  5. Know how to proofread reports.
  6. Recognize the advantages of standard formats for reports.
  7. Understand how sample reports can be used to learn report writing.
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According to Kneflar (1978), it is "important that a system of report writing be developed whereby reports are concise, complete, well organized, and above all, honest" (p. 118). Emerick and Haynes (1986) note that the information gained from the evaluation and interview is of limited value until it has been put together in a clear, precise, efficient, and orderly fashion. The written report is, in most instances, the major form of communication following the evaluation.

As clinicians write reports, they should consider the major objectives of report writing. The diagnostic report: (1) serves as an entry point into the clinical service delivery system; (2) communicates specific findings about a client; (3) acts as a guide for referral for additional services; (4) provides documentation for accountability and quality assurance; (5) communicates information to and helps establish relationships with other professionals; (6) teaches the

reader about communication disorders; (7) helps establish the clinician's credibility; and (8) serves as documentation for research (Emerick & Haynes, 1986; Flower, 1984; Meitus, 1983; Kneflar, 1978).

Bangs (1982) believes that "reporting is an art and can be accomplished only by qualified examiners who are competent in reporting pertinent information to appropriate referral sources and who understand the feelings of parents who must receive the information" (p. 110). The clinician also should realize that information contained in a report represents an impression of a client obtained during a particular period of time in a given setting. It does not represent a complete picture of the client's communication ability. Observation is no more accurate than the data upon which it is based. When a report is written based upon inaccurate data, then poor temporal reliability may be established when

comparing test results from several sessions. The purpose of this chapter is to discuss rules and procedures for writing clinical reports with a primary focus on the diagnostic report. If the reader needs additional information about the writing process, a number of publications are available (Bates, 1985; Berker, 1972; Jones & Faulkner, 1971; Leggett, Mead, & Chavat, 1974; Mayes, 1972; Strunk & White, 1979).

## RULES FOR REPORT WRITING

Careful study must be given to language usage, report composition and form, and the use of an appropriate writing style. Basic rules for report writing are listed in Table 5 (Knepflar, 1976). Following these rules facilitates the development of a clear, understandable, accurate, grammatically correct, and succinctly written communication.

TABLE 5

### Basic Rules for Report Writing

USE	AVOID
Specific language	Ambiguous terms
Complete, clearly understood words	Abbreviations
Variety of language styles and words appropriate to needs of the report	Stereotypy
Specific, accurate, brief sentences	Verbosity and needless words
Language that conveys sincere, serious professional attitude	Flippancy
Complete verb forms and correct punctuation	Contractions and hyphens
Positive statements that show what testing or observations have revealed	Qualifiers and noncommittal language
Personal pronouns when they convey a clear statement in a natural manner	Awkward verbosity
Accurate descriptive language that is supported by fact	Exaggeration and overstatement
The exact words needed to express a concept or idea (consult dictionary when in doubt)	Misusing words
Active verb construction, when possible	Passive verb forms

From Knepflar (1976).

## LANGUAGE USAGE

The use of appropriate terminology is important to the clear and accurate transmission of information provided by a diagnostic report. Table 6 includes appropriate and commonly used terms in report writing (Haynes & Hartman, 1975).

TABLE 6

### Commonly Used Terms in Report Writing

THE PERSON YOU WORK WITH	PROBLEMS WITH COMMUNICATION	
client	speech	
patient	communication	
child	articulation	
youngster	language	
student	voice	
Suzie (child's name)	rhythm	
Mr.	fluency	
Ms.	hearing	
	deviancy	
	deviation	
	problem	
	disorder	
	difficulty	
	abnormality	
	dysfunction	
	anomaly	
	impairment	
	defect	
WHAT YOU DID		
therapy		
remediation		
intervention		
speech rehabilitation		
assessment		
examination		
testing		
appraisal		
YOU		
the (this) clinician		
the (this) therapist		
the (this) examiner		
TERMS WITH PROFESSIONAL TONE		
ability	feedback	performed
administered	generalized	production
appeared	goals	progressive
base line	impression	projected
behavior	improved	reinforcement
carry over	increased	reported
causal	indicated	response
characteristics	informant	revealed
conducted	judgment	skill
congenital	manifests	stated
contingent	nature	status
criterion	objectives	symptomatology
data	observation	target behavior
demonstrates	occurred	tasks
determine	onset	terminated
etiology	outlook	unremarkable
evidenced	parameter	utterance
exhibits	performance	verbalization

From Haynes and Hartman (1975).

Clinicians tend to use terminology which was appropriate during their own clinical training. Terminology changes over time; so-called "buzz words," fads, and fashions come and go. It is important to know the current preferred terminology of populations served. Table 7 provides a summary of preferred terminologies for reference to a client presenting problems other than or in addition to speech and language.

Diagnostic terminology also tends to change. For example, "attention and behavioral difficulties" and "auditory processing deficit" would have been referred to as "distractible behavior" and "an auditory memory span difficulty" during the 1960s. The stated diagnosis when third-party payments are involved must conform to the terms used for speech, hearing, and language disorders by the International Classification of Diseases (U.S. Department of Health and Human Services, 1989). Reimbursement may depend upon use of terminology for diagnosis which the clinician does not necessarily feel is most appropriate but which is preferred by insurance carriers as a covered expense.

**TABLE 7**

**Preferred Terminologies**

PREFERRED TERMS	TERMS TO AVOID
persons who are disabled; people with disabilities	the disabled; crippled; deformed; invalid
congenital disability	defective at birth
partially sighted; visually impaired; blind (total loss of vision)	"blind" regardless of amount of vision; sightless
partial hearing loss; hearing impaired; deaf (total loss of hearing)	"deaf" regardless of amount of hearing; deaf-mute; deaf and dumb
Down syndrome	Mongoloid
mental disorder	mentally defective; crazy
learning disabled	an academic failure
mental retardation	the retarded
nondisabled	able-bodied; normal
seizure disorder	epileptic
person who has arthritis	arthritic; victim of arthritis
uses a wheelchair	confined to a wheelchair

Adapted from Carter (1986).

**Composition and Form**

The composition of a report determines the way it reads. Ideally, a report should be presented in an orderly sequence so that the reader is carefully guided through each major point and its supporting information. In an editorial for *Minnesota Medicine*, Richard Reece (1982) made several recommendations for composing readable reports. Those most applicable to speech-language pathology are listed in Table 8.

The report form or format will determine the report-writing style. Clinicians tend to develop a preferred report format and style; however, the agency or setting in which one works often adopts a uniform format that was developed while considering limitations in writing time and secretarial support in addition to accommodating the varied purposes of the reports. The report form used in a hospital setting is generally very different from that of a speech-language-hearing clinic. Most agencies develop a standard format for arranging the specific sections of their reports in order to assure continuity. Most clinicians are able to adapt to the form provided in the work setting and continue to use a personal style of writing within that format. See Appendix D for examples of several forms.

**TABLE 8**

**Recommended Guidelines for Composing Reports**

1. Use simple vocabulary, natural sentence structure. Limit sentence length to 18 words or less, and paragraph length to 125 words or less.
2. Delete the words *that*, *by*, *which*, *who*, and *whom*. Reconstruct the sentence without them.
3. Choose short words over long ones.
4. Write in active voice.
5. Remove qualifying adjectives (for example, *very*, *quite*, *much*, *rather*, *somewhat*, and *approximately*).
6. Nouns ending in *-ion* should be changed to verbs. Example: "Her verbalizations were short" would be changed to, "She verbalized in short utterances."
7. Vary the length and type of sentences.
8. Make revisions; then read the report aloud. Would it make sense to others?
9. Revise with the objectives of making the complex more simple and the unfamiliar more familiar.

From Reece (1982).

## Writing Style

The style one uses for writing reports depends upon individual preferences and upon the specific purpose or readership receiving the report. Writing style is developed and becomes consistent and unique after repeated revisions. Andy Rooney (1986) asks, "When do I get good? How come what I wrote last year, last month, last week, and even yesterday, doesn't seem quite right, either?" Good writing takes practice. Speech-language pathologists often react with horror when they review a file completed in the past and notice glaring errors that were overlooked. It is realistic to view writing as a skill that requires continual refinement and active practice throughout one's professional career.

## COMMON ERRORS AND CORRECTION EXERCISES

The clinician should become familiar with preferred terminology, write with accuracy and clarity using correct grammatical forms, and approach the subject matter using positive expressions that convey a constructive view.

### Use of Preferred Terminology

The use of the preferred terminology for reporting a patient's diagnosis is imperative. Neidecker (1980) reminds the writer to avoid emotionally charged words and phrases which tend to promote hostility, guilt, fear, and suspicion in the reader. See Tables 7 and 9 for preferred terminology in reporting a client's diagnosis and describing observed behavior. Then rewrite the sentences on Worksheet 1.

### Accuracy

When words are used incorrectly, confusion and misunderstanding may occur. Examples of commonly confused words are defined below and followed by practice activities.

#### Affect and Effect

*Affect* is a verb meaning to influence, act upon, change, modify, or alter.

Example: The presence of velopharyngeal incompetence affects the child's performance on the *Iowa Pressure Articulation Test*.

*Effect* is a verb meaning to cause, achieve, execute, or bring about.

Example: The use of easy onset phonation effects a positive change in phonatory quality.

The word *effect* also can be used as a noun conveying the outcome, result, or conclusion.

Example: A positive effect of therapy is an improvement in social skills.

For practice using these terms, complete the exercises on Worksheet 2.

### Amount and Number

*Amount* is a noun that refers to quantity, mass or total. Example: The amount of cranial nerve injury remains unclear.

*Number* is a noun that refers to units that can be counted. Example: The number of correct responses increased when the words were modeled by the examiner.

TABLE 9

### Positive Expressions to Describe Behavior

NEGATIVE	POSITIVE
laziness	can perform better when motivated
troublemaker	disturbs the class
uncooperative	needs to learn to work with others
cheats	depends on others' work
stupid	needs help
below average	is performing at own level
dirty	poor self-care habits
uninterested	complacent
must	should
stubborn	strong-willed
insolent	outspoken
liar	tends to stretch the truth
wastes time	needs to make better use of time
sloppy	needs to do neater work
failed	did not meet the requirements
nasty	has difficulty getting along with others
time and again	usually
poor work	work was below his usual standards
clumsy	awkward motor movements
profane	uses unacceptable language
selfish	needs to share more with others
rude	inconsiderate of feelings of others
bashful	shy; reserved
showoff	tries to get attention

From Neidecker (1980).

## WORKSHEET 1

### Use of Preferred Terminology

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Rewrite the following sentences using preferred terminology. The first one has been rewritten for you.

1. Sean, a victim of Mongolism and mental retardation, is severely delayed in speech and language development.

Rewrite: Sean has Down syndrome accompanied by mental retardation and a severe delay in speech and language development.

2. Angelina presents articulation errors typical of those of the deaf.
3. Valerie has arthritis and is confined to a wheelchair.
4. Defective at birth, Don is an epileptic and an invalid.
5. Kathryn's seizure disorder has rendered her an academic failure.
6. Fred, though able-bodied, is deaf and blind.
7. Harvey is rude, insolent, and uncooperative.
8. Gay used profane language as she failed the tests administered.
9. Mary's laziness contributes to her poor work in the academic setting.
10. Ricardo appeared disinterested and somewhat bashful during the evaluation.
11. Bryan is a troublemaker and cheats in class.

Compare your rewrites with those of others. Notice how many different ways one might write these sentences, using appropriate terminology and positive behavioral descriptions.

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The word *number* also can be used as a verb meaning enumerate, count, tally, or calculate.

Example: The client will number his response sheets and calculate his correct response rates.

For practice using these terms, complete Worksheet 3.

#### Can and May

*Can* implies capability to do something.

Example: The child can use two- and three-word phrases.

*May* implies permission or degree of probability.

Example: The child's auditory processing difficulties may be related to the following factors.

For practice using these terms, complete Worksheet 4.

#### Patient, Client, or Student

*Patient* refers to a person who is ill. Hospitals usually refer to their consumers as patients even though speech-language disorders are not considered illnesses.

A *client* is one who receives services provided by a professional. Speech, language, and hearing clinics often refer to their consumers as clients. However, with the event of third-party payment for services, the use of the term *patient* is more commonly used in these settings as well.

In the school setting, individuals receiving speech and language therapy are referred to as *students* or *pupils*. Perhaps because they are familiar with the word *caseload* to describe groups of patients, beginning clinicians often develop the

## WORKSHEET 2

### Use of *Affect* and *Effect*

---

Mark a plus (+) if the sentence is correct.

- \_\_\_ Johnny's attitude effects his performance.
- \_\_\_ The use of visual cues effects increased stimulability in correct articulator placement for production of lingua-alveolar consonants.
- \_\_\_ The parents feel that Mildred's friends negatively affect her self-image as a speaker.
- \_\_\_ Phyllis reports her mother's suggestions for improving fluency had a beneficial affect.
- \_\_\_ The positive affects of reading to preschool-aged children upon speech and language development are documented by research.

Select the correct word in these sentences:

1. Myrna's regular practice sessions using reduced rate and an easy, relaxed approach (affects/effects) improved fluency in conversational speech.
  2. Counseling (affects/effects) improved voice quality.
  3. Feared speaking situations negatively (affect/effect) John's fluency.
  4. The use of a phonological approach often (affects/effects) increased speech intelligibility.
  5. A change in Jacob's home environment seemed to have a positive (affect/effect).
  6. Bobby Joe's weak performance on the *Peabody Picture Vocabulary Test* appeared to be (affected/effected) by his attention and behavioral difficulties.
  7. Gary's motivation to increase his fluency skills should have a positive (affect/effect) on the prognosis for his speech improvement.
  8. (Affected/Effect) by the presence of her mother, Elsie was frequently distracted while taking the *Test of Language Development-Preschool*.
  9. Tom's improved fluency appears to be (affected/effected) primarily by his use of rate control and voluntary stuttering.
- 

habit of referring to the patient as a "case." Clinicians should be reminded that "a case" refers in medical terminology to a particular instance of a diagnosis (for example, "A case of chicken pox was diagnosed at Coronado High School last year").

The use of *patient*, *client*, or *student* is preferred depending upon the clinical setting. It is of primary importance to use the preferred term consistently. For example, it would be incorrect to state, "This client is one of our more cooperative and motivated patients." The individual should be referred to as either a patient or a client, *not* as both.

#### Disinterested or Uninterested

*Disinterested* implies impartiality and lack of prejudice; whereas *uninterested* conveys lack of interest. It would be

incorrect to state, "At the ARD meeting, Alicia's parent appeared disinterested in the entire proceedings." It would be correct to report, "A disinterested observer was requested by the parent to assess the recommendations objectively and impartially."

#### Regardless and Irregardless

*Regardless* means *nevertheless*, *nonetheless*, or *notwithstanding*. *Irregardless* is not a word. It should never be used.

Rewrite the following sentence, deleting the word *irregardless*. Compare your rewrite with that of a peer.

Irregardless of his lack of motivation, John should receive speech and language therapy on a trial basis.

### WORKSHEET 3

#### Use of *Amount* and *Number*

---

Mark a plus (+) if the sentence is correct.

- \_\_\_ The amount of grammatical errors did not change with increased length and complexity of utterance.
- \_\_\_ The number of opportunities for deletion of stridency was determined from the speech sample and compared with the actual number of times the phonological rule was used.
- \_\_\_ The amount of speech improvement varied according to the child's general health.
- \_\_\_ The number of Randy's dysfluencies per 100 words varied from three to eight, depending upon the speaking situation.
- \_\_\_ Diedra's parents are concerned about the amount of time it will take to improve the intelligibility of her speech.

Select the correct word in the following sentences.

1. The (amount/number) of responses varied with the type of activity.
  2. Sylvia enjoyed computing and graphing the (amount/number) of her correct responses following therapy each day.
  3. Her correct responses increased in (amount/number) when she began receiving individual therapy.
  4. The (amount/number) of therapy time spent on vocabulary drills each day averaged twenty minutes.
  5. The (amount/number) of hearing loss in the left ear needs to be determined using a standard pure tone testing procedure.
  6. Joe's high (amount/number) of vocal abuses during playground activities appeared primarily related to his aggressive behavior toward other students.
  7. During a five-minute conversation, Dolly was dysfluent on five words, (an amount/a number) felt to be within general normal limits.
  8. The (amount/number) of sessions scheduled weekly during the spring term will depend upon availability of public transportation for adults with physical disabilities.
  9. The (amount/number) of phonological patterns recommended for Millie's initial therapy sessions will be determined following phonological testing.
- 

#### **Anxious and Eager**

*Anxious* refers to a state of apprehension, nervousness, or fear.

Example: Ms. Hermosillo seemed anxious about her child's readiness for first grade.

The word *eager* is used to express desire, zeal, or enthusiasm.

Example: The child eagerly completed the activities.

Worksheet 5 provides practice in using these terms.

#### **i.e. and e.g.**

The abbreviation *i.e.* stands for *id est*, which means *that is*.

Example: Her speech intelligibility, *i.e.*, her ability to be understood by unfamiliar listeners, is poor.

The abbreviation *e.g.* stands for *exempli gratia*, which means *for example*.

Example: Carolyn occasionally repeats syllables (*e.g.*, "dada").



## WORKSHEET 4

### Use of *Can* and *May*

---

Fill in the blank with the appropriate word (*can* or *may*).

1. The child's errored production of the /r/ phoneme \_\_\_\_\_ be related to a lack of precision and specificity in lingual movement.
  2. The child \_\_\_\_\_ count to ten, say the alphabet, and recite short poems and rhymes.
  3. Jackie's hypernasal resonance \_\_\_\_\_ be attributed to the presence of an unoperated velar cleft.
  4. Elsa presents a mild to moderate delay in the acquisition of speech and language development which \_\_\_\_\_ be related to the presence of a moderate bilateral mixed hearing loss.
  5. Betty \_\_\_\_\_ name common objects with 80% accuracy.
  6. Murphy \_\_\_\_\_ eat solid foods and drink liquids without aspirating.
  7. Ada \_\_\_\_\_ attend to a task for two to three minutes.
  8. Ms. Cobos reported that John \_\_\_\_\_ dress himself.
  9. Ms. Wiesznewsky indicated that she thinks Alvin's delayed speech and language development \_\_\_\_\_ be attributed to his frequent episodes of otitis media.
  10. Celia's phonatory hoarseness \_\_\_\_\_ be related to frequent coughing caused by her asthmatic condition.
- 

Select the appropriate abbreviation:

1. Carlos substituted /w/ for /l/ (i.e.,/e.g., "wamp" for "lamp") in the initial word position.
2. Her diadochokinetic rates (i.e.,/e.g., ability to articulate timed sequenced syllables) are slow and imprecise in specificity and range of movement.

### Immediately, Presently, and Currently

*Immediately* means instantly, right now, without delay, or at once.

Example: Based on Crista's tympanogram and her report of pain in the right ear, she should see an otologist immediately.

*Presently* means soon, shortly, or before long. The reference is to the near future.

Example: Presently, Mrs. Murphy will check with her insurance carrier to determine coverage for speech and language services.

Use of the word *soon* instead of *presently* is more direct and sounds less dated. *Presently* is most often used to incorrectly replace the word *currently*.

*Currently* refers to the prevailing condition or time. Example: Kelley is currently a freshman at Texas Tech University.

Select the appropriate word in these sentences:

1. Jose is (immediately/presently/currently) practicing the production of /r/ in specific phonetic contexts identified by McDonald's *Deep Test of Articulation* and those which he can produce correctly.
2. Mary Lou is (immediately/presently/currently) receiving counseling at the Child Development Center.
3. Based upon observed seizure-like behavior, it is recommended that Madeline see a neurologist (immediately/presently/currently).

## WORKSHEET 5

### Use of *Anxious* and *Eager*

---

Select the appropriate word in these sentences:

1. Ms. Goldman was (anxious/eager) to have her child enrolled in therapy.
  2. Mr. Rodriguez indicated that he is (anxious/eager) to begin a therapy program designed to help him cope with his stuttering.
  3. Mrs. Bernstein guardedly and (anxiously/eagerly) reported the details of her son's previous history of emotional problems.
  4. Carole (anxiously/eagerly) completed the activities and resisted leaving the room when the session was over.
  5. Although she entered the clinical setting (anxiously/eagerly), Sophia appeared to relax and enjoy the fluency enhancing activities as she developed confidence.
  6. Ginger's mother appeared (anxious/eager) to enroll her child in preschool.
  7. At the end of the session, Mr. Reagan was tired. He (anxiously/eagerly) waited for his wife to pick him up.
  8. Carlos was not (anxious/eager) to complete any of the formal tests administered.
  9. Despite her lack of attention and refusal to complete most activities presented, Olivia (anxiously/eagerly) completed all of the receptive items needed to reach a ceiling score on the *Preschool Language Scale*.
  10. Ms. Jackson reported that Andrew's eye-hand coordination is regressing. She was (anxious/eager) to enroll him in physical therapy.
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### Further and Farther

Writers should use the word *further* with caution. *Further* relates to additional or extra time.

Example: Before we work further on this activity, additional testing should be completed.

The same sentence reads better, however, if the word *more* is substituted for the word *further*.

Example: Before we work more on this activity, additional testing should be completed.

The word *furthermore* is often used for transition meaning *in addition*.

*Farther* relates to distance.

Example: Today, Joey refused to walk any farther without assistance than he walked last week.

### Confused Relationships

In addition to incorrect word choice, accuracy may be sacrificed by the use of confused relationships that cause confusion in logic.

Example: Because she is in the first grade, Julie's articulation should be reevaluated in the fall.

One might rewrite this by providing more information so that a logical basis is provided for the retesting.

Example: Julie's articulation errors appear to be developmental. When she enters second grade next year, her articulation should be reassessed in order to monitor its development.

## WORKSHEET 6

### Editing Wordy Phrases

---

Choose from the following list a word which could replace each wordy phrase listed below.

now	although	describe	fewer
about	some	analyze	while
frequently	few	introduce	since
if	indicates	later	therefore
believe	was	much	possibly
because	consider	many	apparently

due to  
with respect to  
at this point in time  
in view of the fact that  
small numbers of  
at some future time  
proportion of  
relative to  
gives a description of  
considerable amount of  
it is apparent that  
consists of an introduction to the concept of  
take into consideration  
owing to the fact that  
decreased number of  
as of now  
considerable number of

during the time that  
it may be said that  
pertaining to  
with reference to  
owing to the fact that  
presents an analysis of  
it is often the case that  
in spite of the fact that  
in connection with  
in the event that  
for the reason that  
as indicative of  
be of the opinion that  
in order of  
approximately  
it would appear that  
had occasion to be

---

### Clarity

Clarity may be compromised with redundant or repetitious usage of words, phrases, and ideas.

### Word Repetition

The words *adequate* and *adequately* and the words *reported* and *stated* are often repeated within a diagnostic report. *Adequate* and *adequately* are often used in the discussion of examination findings section of a report. Other options might include the words *sufficient* or *sufficiently*, *enough*, *competent* or *competently*, *able*, *effectual* or *effectually*.

*Reported* and *stated* are often repeated throughout the history section in an attempt to clearly identify the provider of specific information. Other words which can be used to reduce overuse of the word *reported* include *indicated*, *remarked*, *observed*, *asserted*, *said*, *described*, *revealed*, *related*, *disclosed*, *added*, and *noted*.

For practice, review a diagnostic report and note the words which are used to convey *adequate* performance in the examination and the *report* of information in the history. List them; then list alternate word choices.

### Wordiness and Redundancy

Following are examples of redundancy in phrasing and ideas. Identify a word which could substitute for each phrase.

may possibly	absolutely essential
might possibly	future plans
small in size	various different
normal and no complications	spell out in detail
prior or previous history	qualified expert

Worksheet 6 provides practice in editing wordy phrases.

Clarity is facilitated by the use of one simple rule: When a simple word can be used to convey meaning just as well, use

the simpler form. (There are exceptions, according to the intent of the clinician and the language in common professional use.) See Table 10 for examples of simple words that can be substituted for more complex ones.

### Transition

Transitional phrases are used to facilitate the smooth flow of sentences and paragraphs. There is a tendency to overuse certain transitional phrases and connectives. Table 11 provides some alternatives for transitions which lend variety and decrease word and phrase repetitions. Review a diagnostic report and note where transitional phrases and words could be utilized for variety and ease of reading.

TABLE 10

### Word Pairs: Simple and Complex

SIMPLE	COMPLEX
expect	anticipate
help	assist
begin	commence
show	demonstrate
use	demonstrate
use	utilize
use	employ
met	encountered
show	exhibit
show	reveal
after	following
more	greater
advanced	sophisticated
new	sophisticated
end	terminate
on	upon
do	accomplish
do	achieve
get	acquire
get	obtain
seem	appear
try	endeavor
find	locate
hopeful	optimistic
know	realize
say	remark
say	state
happen	transpire
answer	reply
answer	response
live	reside
keep	retain
later	subsequently
much	substantially
enough	sufficient
end	terminate
so	thus
send	transmit

### Use of Pronouns

If the writer has mentioned more than one person before using a pronoun, confusion is certain to occur. Sometimes pronouns are placed too far from the noun they relate to, causing the pronoun to drift in confusion. In either case, the noun should be restated.

In the following example, clarity is diminished by pronoun misuse and wordiness in phrasing.

*History:* Ms. Garcia described her pregnancy with Dawn as being normal with no complicating factors. However, one week following her birth, Ms. Garcia had occasion to be hospitalized due to a uterine infection. She was cared for by her father during this particular time.

The example might be rewritten as follows:

*History:* Ms. Garcia's pregnancy with Dawn was unremarkable. One week following her birth, Dawn was cared for by her father while Ms. Garcia was hospitalized for a uterine infection.

During editing, the writer might decide that Dawn's caretaker during her mother's hospitalization was not relevant, and delete reference to it.

### Use of Personal Pronouns

There is disagreement about the use of personal pronouns in report writing. Emerick and Haynes (1986) believe that personal pronouns should be avoided; in other words, that "it is preferable to keep the 'I' out of it" because an impersonal writing style minimizes "the writer's verbal idiosyncracies" and also tends to facilitate objectivity (p. 328). Kneflar (1976), on the other hand, maintains that personal pronouns should be used when they are the natural way to make a clear statement, and that to avoid using personal pronouns can give the impression that the writer is not willing to take responsibility. Somewhere between these views, Peterson and Marquardt (1990) indicated that an impersonal and relatively formal tone should be maintained in reporting, although personal pronouns should be used when they are the most appropriate way to make a clear statement.

Avoiding personal pronouns promotes use of the passive style of sentence construction. A number of authors, including Meitus (1983), believe that active sentence construction should be used whenever possible, while passive forms should be avoided.

**TABLE 11**

**Transitional Phrases for Variety**

CONNECTIVES BETWEEN PARAGRAPHS					
accordingly	for example	otherwise	also	for instance	similarly
another	furthermore	such	as a result	in fact	then
at last	thus	consequently	therefore	at this time	moreover
too	finally	nevertheless	likewise	on the other hand	
TRANSITIONS REFLECTING LOGICAL CONCLUSION					
accordingly	consequently	as a result	hence		
WORDS FOR CONTRAST OR OBJECTION					
but	on the other hand	conversely	however	on the contrary	
WORDS NOTING CONCESSION					
granted that	no doubt	to be sure			
PHRASES FOR INTRODUCING AN ILLUSTRATION					
for example	as an example	for instance	in particular		
PHRASES INTRODUCING PARAPHRASE OR SUMMARY					
in other words	in short	in summary	to conclude		
in brief	in effect	that is			
FREQUENTLY USED TRANSITIONAL EXPRESSIONS					
however	therefore				
COMMON ADVERBS REFLECTING CONJUNCTIONS					
and	then, furthermore, too, moreover, similarly, once again, in addition, also, incidentally, in turn				
but	however, on the contrary, rather, by contrast, instead, either, neither, in reality, actually, conversely, at the same time, although, by the same token, of course, on the other hand, to be sure, nevertheless, nonetheless, at any rate, in any case, in any event, anyway, anyhow				
or	on the other hand, either, neither, conversely				
so	then, thus, hence, therefore, accordingly, as a result				
for	in fact, indeed, at least, above all, as a matter of fact, in the first place, after all, for one thing, first of all, besides, in short, in brief				

## Style

Style is improved by consistency in voice and tense and in spelling, punctuation, sentence structure, and presentation of numbers. Use of folksy or "cute" phrasing quickly reduces the level of professionalism conveyed by the report. Following are exercises to provide the clinician with practice in editing reports to improve style.

### Consistency in Voice and Tense

Active voice is more direct and livelier to read. Passive voice is justified if the actor is less important than what is acted upon. Consistent use of the past tense usually is appropriate in the history section of a report. However, consistent use of the present tense is appropriate when describing the performance at the time of the assessment along with the impressions and recommendations.

**Example:** It was reported by Ms. Espinoza that Albert's speech and language development was slower than that of his older brother.

**Edited version:** Ms. Espinoza reported that Albert's speech and language development was slower than that of his older brother.

**Example:** Her receptive abilities were revealed by her performance at the 3-year, 6-month level in auditory ability on the *Preschool Language Scale*.

**Edited version:** Her performance on the receptive portion of the *Preschool Language Scale* places her at the 3-year, 6-month level in auditory ability.

### Elimination of Folksy or Colloquial Phrasing

The writer should weigh carefully the need to use the words *rather*, *very*, *little*, *pretty*, and *some*. Usually they can be deleted. Phrases like *bored to death*, *pretty cooperative*, *pretty tired*, *'way past*, *not too long ago*, and *pretty well* are examples of folksy or colloquial phrases which have been included in diagnostic reports. Every writer must maintain vigilance in editing such phrases from reports and other professional correspondence.

### Consistency in Spelling

Some words have two accepted spellings (e.g., *cuing* or *cueing*). One selected spelling must be used consistently throughout the report.

Proofreading carefully for typographical errors is essential. Some editors read the text backwards to locate misspelled words. A spell-checking feature on computer soft-

ware is helpful, but one must remember that if *two* is spelled *to* or *too*, the spelling check will not pick it up because all are correctly spelled.

Some adjectives may vary in use according to *-ic* or *-ical* endings. The American Medical Association Press (Fishbein, 1950) has adopted a list of preferred endings. See Table 12 for a list of adjectives which appear most often in the reports of speech-language pathologists and audiologists.

### Consistency with Numbers

Numbers one through nine should be written in word form unless the number is a unit of measure such as units of time, dates, age, page numbers, percentages, units of money, and designated proportions. Numbers 10 and above should be written numerically.

Following are examples of sentences that need editing for number use:

**Example:** Judy walked at nine months, said her first word at eighteen months, and appropriately used two-word phrases at 2 years.

**Edited version:** Judy walked at 9 months, said her first word at 18 months, and appropriately used two-word phrases at 2 years.

**Example:** On the *Goldman-Fristoe Test of Articulation*, Roberto omitted 5 consonants in the final word position.

**Edited Version:** On the *Goldman-Fristoe Test of Articulation*, Roberto omitted five consonants in the final word position.

### Consistency in Punctuation

Quotations and parentheses tend to give writers the most difficulty in punctuation. Commas and periods are placed inside quotation marks at the end of a sentence unless a bracketed or parenthetical reference is included.

**Example without brackets or parentheses:** Jasper's speech was characterized by the use of structurally incomplete utterances which conveyed complete thoughts. Following is a short segment of the sample: "Boy go no bye bye"; "We see doggie"; "I no see bear"; "We like nice doggie."

**Example with parentheses:** Javier's one-word utterances included "Mommy," "baby," "kitty," and "door" (in response to pictures).

Parentheses are used to provide explanatory information. The punctuation is enclosed by the parentheses if the statement is complete. (A complete sentence is completely enclosed by parentheses.) The punctuation follows the parentheses if the parenthetical word or phrase lies within (including the end of) the sentence.

### Parallel Sentence Structure

A lack of parallel sentence structure most often occurs in the Recommendations section of a report. For example:

Before editing:

Recommendations: Jeanie should be enrolled in voice therapy emphasizing the following:

1. To improve her vocal habits;
2. Provide information on the relationship between vocal habits and the condition of the vocal folds; and
3. she will become more informed on the anatomy and physiology of the vocal mechanism.

TABLE 12

### Preferred Adjectives with *-ic* and *-ical* Endings

The parallel adjective forms created by the endings *-ic* and *-ical* may be used interchangeably. However, *-ic* may be used to denote a closer relationship with the root word, and *-ical* may denote a more general theory or system.

*-ic* = of, pertaining to, or belonging to; connected with; dealing with  
*-ical* = theory; system; disorder; skills

ADJECTIVE	DEFINITION	EXAMPLE
acoustic	pertaining to perception	acoustic phonetics
acoustical	servicing to aid hearing	acoustical aid
anatomic	relating to anatomy	anatomic structures
anatomical	structural theory	anatomical system
audiologic	connected with hearing	audiologic habilitation
audiological	related to study of hearing	audiological evaluation
biologic	pertaining to study of life	biologic features
biological	used in applied biology	biological supplies
chronologic	pertaining to chronology	chronologic events
chronological	events in order of time	chronological age
diacritic	denoting phonetic difference	diacritic mark
diacritical	system to distinguish form/sound of letters/phonemes	diacritical transcription
embryologic	dealing with study of embryo	embryologic feature
embryological	theory related to embryology	embryological research
grammatic	pertaining to grammar	grammatic closure
grammatical	grammar system/theory	grammatical analysis
hierarchical	pertaining to series	hierarchical order
hierarchical	system for sequencing	hierarchical arrangement
laryngologic	pertaining to larynx	laryngologic structure
laryngological	laryngeal system	laryngological examination
linguistic	pertains to study of languages	linguistic component
linguistical	study of language theory	linguistical analysis
morphologic	pertains to morphology	morphologic construction
morphological	component pertaining to formulation of words	morphological skills
neurologic	pertains to nervous system	neurologic structure
neurological	neurological system	neurological exam
pathologic	pertains to pathology	pathologic condition
pathological	condition due to disease	pathological tissue
phonologic	pertains to sound changes	phonologic errors
phonological	theory of developmental sound changes in children	phonological theory; analysis
physiologic	pertains to function	physiologic aspects
physiological	study of normal function	physiological abnormalities
prosodic	pertains to speech patterns	prosodic features
prosodical	theory of prosodic features	prosodical difficulties
psychologic	pertaining to psychology	psychologic considerations
psychological	theories of psychology	psychological measures
syntactic	pertaining to syntax	syntactic rule
syntactical	theory underlying rules	syntactical performance

From Fishbein (1950).

After editing:

Recommendations: Jeanie should be enrolled in voice therapy with objectives focused on:

1. Heightened awareness of the relationship between vocal fold condition and vocal habits.
2. Expanded understanding of basic anatomy and physiology of the vocal mechanism.
3. Increased use of good vocal habits.

There are several other options for rewriting these recommendations using parallel structure. How would you have rewritten the section in your own preferred style?

Writing style is individual. The task is to use precise words to convey intended meaning, avoid ambiguity, and present ideas in statements that are orderly, economical, and smooth. For some, writing is a pleasant challenge. For others who are long in ideas and short in patience, writing is tiresome, difficult, and irksome. If a clinical team involves both types, productivity and accomplishment are potentially enhanced. In an individual's clinical setting, those who dislike writing may delay report writing, placing the program out of compliance with accreditation or quality-assurance criteria. Programs accredited by the Professional Services Board must have reports completed within 15 days of completion of the evaluation (ASHA, 1990f).

## **PLANNING, PREPARING, WRITING THE FIRST DRAFT**

Clinicians frequently have difficulty starting a diagnostic report. Table 13 outlines the steps in the diagnostic report-writing process. In practice, time constraints will demand skipping many of the steps. However, beginning report writers may find these steps helpful while developing their skills. Several authorities feel that it may be helpful to have a working outline (Bates, 1985; Ehrlich & Murphy, 1964; Markman, Markman, & Waddell, 1982; Theriault, 1971). The use of an outline provides a plan for organizing the report, helps in achieving clarity and consistency, breaks the report into manageable units, and helps the writer see the flow of the report from beginning to end. Flower (1984) cautions that any outline should be adapted in accordance with the specific purposes of each report, the setting in which it is used, and the intended receivers.

Once the outline is complete, the writer should begin by putting the information on paper as quickly as possible. Using the outline as a guide, the preliminary draft should be completely written before any rewriting begins. Emerick and Haynes (1986) suggest that when the writer meets

barriers, it is best to jump over them and continue with the rest of the report. The blank spots can be completed later. Any necessary revisions also can be completed later. It may be helpful to make notes in the margins regarding problem areas.

Implementation of the integrated diagnostic report is discussed in Chapter 2. It is sometimes appropriate to complete specific units of the report and later assemble those units to compile the final report. If team members of several disciplines are contributing to the report, it may be necessary to rearrange some of the material before the draft is completed.

Several publications describe rules of report writing. Flower (1984) notes that when writing a clinical report, it is essential to "emphasize new information; avoid

**TABLE 13**

### **Steps in Writing a Diagnostic Report**

---

1. Determine the format for the report. (This may be dictated by the agency.)
2. Read sample reports.
3. Establish a working outline, placing pertinent information under the major headings.
4. Write, type (word processor is best), or dictate the preliminary draft as quickly as possible.
5. Put away the preliminary draft of the report for a day.
6. Read the entire report aloud.
7. Check the content and organization.
8. Recheck the accuracy of scores and test interpretation.
9. Correct and improve the style.
10. Retype the report.
11. Ask for suggestions from colleagues.
12. Make changes, and type the corrected report.
13. Proofread the report carefully. Recheck spelling, punctuation, and grammar.
14. Read the report aloud once more to check for unity.
15. Make any final corrections, and sign the report.

---

From Bates (1985); Emerick and Haynes (1986); Flower (1984); Markman, Markman, and Waddell (1982); Pannbacker (1975); and Theriault (1971).



overquantification, emphasize conclusions and recommendations rather than raw data; offer recommendations, not prescriptions; and write for a specific readership" (p. 111). Darley (1978a) stresses the importance of never reporting information that is critical of other professionals or agencies, or reporting information which has been revealed in strictest confidence.

The use of quotations may be appropriate in both clinical and research reports. If it is necessary to quote a parent's or client's own words, enclose them in quotation marks. Indicate omitted words by ellipses (. . .). If words must be added, enclose them in brackets ([ ]) (Bates, 1985). Markman, Markman, and Waddell (1982) advise the writer to make certain the quoted information reads like an integral part of the report.

Several technical points warrant discussion. The preliminary draft should be placed on a word processor, if possible. The draft should be double or triple spaced. Pages should be numbered, and margins should be spaced so there is room for notations.

## Revising and Refining

According to Theriault (1971), "revision . . . involves three separate and distinct operations: (1) checking the content and organization; (2) correcting and improving the style; and (3) correcting and improving the format" (p. 83). These should be considered from the reader's point of view. It may be appropriate to complete the draft, set it aside, and later begin the revision process by reading through the entire report aloud.

Markman, Markman, and Waddell (1982) suggest checking to make sure (1) the rules for good sentence structure and style have been followed; (2) smooth transitions have been made; (3) the finished report seems logical; and (4) repetition of facts or details has been avoided. The clinician also should recheck the accuracy of all test scores and test interpretation.

Selection of the appropriate words is important. Choose words that will convey specific meaning to the reader. Technical terminology may require definition for some readers. Clinicians must use language commensurate with their professional competence and experience. The dictionary and thesaurus should be consulted as necessary. The following publications may also be of value: *Harper Dictionary of Contemporary Usage* (Morris & Morris, 1975), *Terminology of Communication Disorders* (Nicolosi, Harryman, & Krescheck, 1989), *Dictionary of Problem Words and Expres-*

*sions* (Shaw, 1975), *Sission's Word and Expression Locater* (Sission, 1975), and *Words Into Type* (Skillen & Gay, 1974)

Peer review is helpful in making final revisions. Any editing by colleagues should be considered carefully before being incorporated into the report. Once the details of content, organization, and style have been examined and revisions have been made, the report is ready to be typed or printed in final copy. Access to a word processor makes revisions easier.

## Proofreading

The final copy should be carefully scrutinized for any previously overlooked errors in spelling, punctuation, and grammar. It should be compared with the rough draft to detect any omissions. The report should then be read aloud once more from beginning to end to check for organization, flow, and style (Theriault, 1971). Once final corrections have been made, the report is ready for signature(s).

## Report Format

Nation and Aram (1977) believe that "clinical report writing should follow . . . the steps of the diagnostic process" (p. 330). According to Pannbacker (1975), a diagnostic report should be organized for easy retrieval of information. It also should reflect accuracy, completeness, clearness, conciseness, and prompt preparation (Emerick & Haynes, 1986).

Use of a standard format has several advantages: (1) it requires less time to write the report; (2) it helps ensure that all staff will report similar information; and (3) it helps facilitate retrieval of information (Flower, 1984). Use of a standard format also may help new clinicians become familiar with the information contained in diagnostic reports. In some instances, it may be possible to use an abbreviated format designed for specific program needs.

According to Knepflar (1978), a weakness of some reports is that they report only information about the major problem, with no information about other aspects of communication. If there is information reported about each aspect of communication, the report can serve as a base-line measure. It also helps to ensure that important information will not be omitted.

A variety of diagnostic report formats have been utilized (Darley, 1978a; Emerick & Hatten, 1974; Flower, 1984; Hollis & Dunn, 1979; Hutchinson, Hanson, & Mecham, 1979; King & Berger, 1971; Knepflar, 1976; Nation &

1979; King & Berger, 1971; Kneflar, 1976; Nation & Aram, 1977; Peterson & Marquardt, 1990; Tallent, 1980). It may be best to use a general format, keeping in mind that reports vary, based on the facility one works for and the intended receiver(s). Table 14 contains an example of a general diagnostic report format that may be adapted to meet a variety of needs.

**TABLE 14**

**General Diagnostic Report Format**

---

AGENCY IDENTIFICATION (LETTERHEAD)

Name:	Telephone:
Date of Birth:	Date of Evaluation:
Parents/Spouse (when appropriate)	Referral Source:
Address:	File Number:

SPEECH AND LANGUAGE EVALUATION

**Statement of the Problem:**  
Describe the problem. Identify the referral source and reason for referral. State where the information in the report has been obtained.

**History:**  
Report information from referral letters, case history, and the parent/client interview. Report only pertinent information.

**Evaluation:**  
Summarize the findings of the evaluation, listing the tests used and the results. Use language that all receivers will understand. It may be helpful to briefly describe how the client responded and whether someone accompanied the client into the evaluation. Kneflar (1976) feels that the report should contain information about all aspects of the client's communication behavior.

**Impressions:**  
Summarize and integrate the information from the history and evaluation sections of the report. Report the diagnosis. Meitus (1983) feels that a diagnostic statement should contain "a disorder classification, a specification of the severity of the symptoms, a statement of the etiological and contributing factors, . . . factors that are expected to influence intervention, . . . and a prognostic statement" (p. 296).

**Recommendations:**  
Emerick and Haynes (1986) believe this may be the most crucial portion of the report. They note that this section is used to "translate findings into appropriate suggestions or directions that will help the client solve his communication and related problems" (p. 324). Recommendations should be specific and brief. They may include recommendations for therapy, for parent training or counseling, for reevaluation, and for referral.

**Signatures:**  
Each signature should be followed by printed information including each examiner's name, title, and professional qualifications.

---

The final step in the diagnostic report process is follow-up. The clinician must make sure all paperwork and recordkeeping have been completed. Follow-up may be needed to determine whether the intended receivers received the report, whether the receiver understood or had questions about the contents, and whether the client has been seen for additional testing or is responding to treatment (Emerick & Haynes, 1986). To avoid confusion, a letter like the one in Figure 2 might accompany a report sent to the individual or facility who referred the patient.

**USE OF SAMPLE REPORTS**

There are many ways to learn to write reports. According to Meitus (1983), one way to learn report writing is to "read many samples of reports written by experienced professionals" (p. 297). It is helpful to have sample reports available for students who are learning to write reports. Examples of both good and poor reports should be available (Caven, 1973).

The style and format of the report will vary somewhat based on the specific purpose of the report, the setting in which the clinician works, the referral source, and the policies of particular facilities regarding report writing (Nation & Aram, 1977). Kneflar (1976) described several approaches to "tailor" reports to the needs of specific readers. Hanson (1979) indicated that if the report is carefully planned and written, it may provide necessary information for several reviewers.

Bates (1985) feels that a good way to begin preparing for writing any report is to study a good existing report. A general format for writing a report was previously discussed. Complete reports on all disorders and the possible combinations cannot be presented due to space limitations. See Appendix D for eight sample reports. We recommend that writers review sample reports from a variety of other sources, including the facility in which they work.

One last point merits brief discussion. A report of a reevaluation is written somewhat differently from a report of an initial evaluation. The date of previous evaluation(s) should always be indicated in the reevaluation report, along with a brief discussion of initial evaluation findings and recommendations. History information should be updated at the time of the reevaluation. An example of a letter which may be used to request additional information from another agency or professional is provided in Figure 3. Current test results should be compared to the results of previous evaluations. Impressions and recommendations should be based

**FIGURE 2**

**Letter to Referral Source**

---

Thank you for your referral of \_\_\_\_\_. This client was seen for a \_\_\_\_\_ at the Speech and Hearing Center on \_\_\_\_\_. A copy of the evaluation report is enclosed.

If you have any questions, please feel free to contact me.

Sincerely,

Mary Pannbacker, Ph.D.  
Professor and Program Director

---

**FIGURE 3**

**Letter Requesting Information from an Agency**

---

\_\_\_\_\_ was seen for a speech/language/hearing evaluation at the Speech and Hearing Center on \_\_\_\_\_. This client had been seen previously at your office. Please provide us with pertinent information about \_\_\_\_\_. This information will assist in planning for and conducting a more meaningful management program. A copy of the signed authorization to release information is enclosed.

Thank you for your attention to this request. If you have questions, please feel free to contact me.

Sincerely,

Mary Pannbacker, Ph.D.  
Professor and Program Director

---

on all available information. The procedures for reevaluation are of particular interest to school speech-language pathologists, who must provide annual reviews of their students' progress.

**SUMMARY**

Well-written evaluation reports are essential in the field of communication disorders. Information gained from the evaluation is of little value until it has been documented in some usable form. In order to achieve a well-written report,

the examiner must follow the rules of writing through careful study of correct language usage, composition, form, and style.

Familiarity with the report-writing process is essential to executing a well-written report. Steps involved in this process include planning, preparing and writing the first draft, revising and refining the first draft, and proofreading the final copy. Knowledge of a standard report format and study of sample reports are helpful in building report-writing skills. The report process does not end with the signing of the initial report; follow-up and review are ongoing tasks.

## EXERCISES

1. Why should simple, straightforward language be used when writing a diagnostic report?
2. Summarize the rules that should be followed in effective report writing.
3. Identify major barriers to effective report writing.
4. Why are written reports essential to effective clinical practice?
5. In a one- or two-paragraph memo, identify and discuss the advantages of being an effective writer. Explain the positive differences experienced by speech-language pathologists who have developed their writing skills.
6. Review a diagnostic report from your clinical files. Without identifying the clinician, write a memo identifying the strengths of the report. Then identify any weaknesses, and make recommendations for improvement.
7. Identify some of the potential problems associated with releasing diagnostic reports to clients and their families. How can these problems be resolved by report-writing practices?
8. Interview a practicing clinician. Ask your respondent to describe in detail the kinds of written reports prepared on the job. Write a brief report of your findings.
9. Investigate the number of actual preparation hours and the total length of time clinicians in different work settings require to produce written reports. Include rewrite and turnaround time.
10. Give reasons for using a standardized form in organizing a report.
11. Use the diagnostic report checklist in Chapter 5 (Table 20) to assess the sample reports in Appendix D.