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# Oral-Motor Activities for School-Aged Children

Elizabeth Mackie

Skills:	oral-motor, articulation
Ages:	7 and up



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# Assessment of Oral-Motor Functions During Non-Speech Tasks

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This assessment will provide information regarding strength, stability, mobility, and differentiation of the oral structures.

**Materials:** mirror, tongue depressor, long plastic straw

**Time:** Allow 30 minutes to complete the assessment.

**Instructions:** Complete this assessment in sequence. Record the results by marking the bullet next to the response observed. You may want to highlight the possible indications next to the response to help you complete the profile on page 22.

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Clinician \_\_\_\_\_

## Positions at Rest

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Part of Body	Observations	Possible Indications
body/trunk	<input type="radio"/> straight and erect	good trunk support for speech production
	<input type="radio"/> slouched	correct this position before continuing with the assessment, during lessons check posture and body alignment
head and neck	<input type="radio"/> straight with the chin tucked	good stability of the head and neck
	<input type="radio"/> tilted with the chin up	poor head, neck stability, during lessons work with the child seated against a wall to encourage good alignment
mouth	<input type="radio"/> closed with the lips together	good lip pressure contact, adequate jaw stability
	<input type="radio"/> partly open, lips not touching	poor lip pressure contact, reduced jaw stability
	<input type="radio"/> open wide with the jaw lowered significantly	inadequate jaw stability, reduced oral muscle tone, poor lip pressure contact

## Positions at Rest, *continued*

Part of Body	Observations	Possible Indications
lips	<input type="radio"/> retracted in a smile position	stabilizing with the facial musculature due to reduced oral muscle tone and poor jaw stability, results in tightened cheek musculature
	<input type="radio"/> upper lip elevated	stabilizing with the muscles around the lips, reduced oral muscle tone, reduced jaw stability, results in tighter upper lip musculature
	<input type="radio"/> triangular shape	reduced jaw stability, poor lip pressure, poor differentiation of the oral structures
tongue	<input type="radio"/> unable to observe, lips closed, tongue in	check tongue stability and differentiation further
	<input type="radio"/> tongue down and forward	reduced muscle tone, poor jaw stability, limited vertical tongue control, poor differentiation of the tongue from jaw and parts of the tongue

## Strength and Stability

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Instructions	Observations	Possible Indications
<b>JAW</b> _____		
1. Have the child bite his teeth together. Place your fingers under the child's chin and have him try to open his mouth against your gentle resistance.	<input type="radio"/> able to push against resistance <input type="radio"/> unable to push against resistance	adequate jaw strength inadequate jaw strength
2. Have the child hold his mouth open. Apply gentle resistance in the same manner in an attempt to close his mouth.	<input type="radio"/> able to push against resistance <input type="radio"/> unable to push against resistance	adequate jaw strength inadequate jaw strength

# Strength and Stability, *continued*

## Instructions

### JAW, *continued*

3. Have the child open his mouth very slowly to a count of 5 holding each position for a count of 10. Repeat the same exercise while closing the mouth.

## Observations

- able to hold each position without any extraneous head, body, facial or neck movements
- able to open and close mouth slowly to a count of 5
- unable to hold each position without extraneous movements
- unable to open and close mouth gradually

## Possible Indications

- adequate jaw stability, good differentiation of the jaw from the head/body
- good midrange control, adequate jaw stability
- poor jaw stability
- poor midrange control, reduced jaw stability

### LIPS

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1. Have the child hold the tongue depressor horizontally using only his lips. Then, pull on it gently.

- able to hold it in place without moving the lips
- able to hold it in place, but with extraneous lip movement
- unable to hold it in place, may use the teeth
- able to hold onto the tongue depressor against resistance
- unable to hold onto the tongue depressor against resistance

- good lip pressure contact, good stability
- questionable lip pressure contact, reduced stability
- reduced lip pressure contact, reduced stability
- good lip pressure contact and strength
- poor lip pressure contact, reduced strength

2. Have the child hold a straw with his lips. The teeth should be together in a bite, but should not be holding the straw. The straw should be sticking straight out of his mouth. Then, pull on it gently.

- able to hold the straw in place without moving the lips
- unable to hold the straw in place without extraneous lip movements
- able to maintain hold against resistance
- unable to maintain hold

- good lip pressure contact, adequate stability
- reduced stability, questionable lip pressure contact
- good lip strength
- reduced lip strength

# Strength and Stability, *continued*

## Instructions

### LIPS, *continued*

3. Have the child puff up his cheeks while keeping the air inside his mouth.

## Observations

- keeps air in the cheeks
- air is released from inside the mouth

## Possible Indications

good lip pressure contact and strength

inadequate lip pressure contact and strength

## TONGUE

1. Have the child stick out his tongue and hold in place for as long as possible up to 30 seconds.

- holds tongue still and pointed without extraneous movements, and without resting the tongue on the lower lip

adequate muscle tone in the tongue, good tongue stability

- tongue is flat and/or resting on the lower lip

reduced muscle tone in the tongue, reduced tongue stability

2. Apply gentle resistance with a tongue depressor to the child's protruded tongue tip by pushing inward toward the mouth.

- adequate resistance
- inadequate resistance

good tongue strength

reduced tongue strength

3. Apply gentle resistance with a tongue depressor to the child's protruded tongue tip by pushing downward on the tip.

- adequate resistance
- inadequate resistance

good tongue tip strength

reduced tongue tip strength

4. Apply gentle resistance with a tongue depressor to the child's protruded tongue on each side by pushing in sideways.

- adequate resistance
- inadequate resistance

good lateral tongue strength

reduced lateral tongue strength

5. Apply gentle resistance with a tongue depressor to the child's tongue inside his mouth by pushing down on the blade.

- adequate resistance
- inadequate resistance

good tongue strength

reduced tongue strength

## Strength and Stability, *continued*

Instructions	Observations	Possible Indications
<b>TONGUE</b> , <i>continued</i>		
6. Apply gentle resistance with a tongue depressor to the child's tongue inside his mouth by pushing down on the tip.	<input type="radio"/> adequate resistance <input type="radio"/> inadequate resistance	good tongue tip strength reduced tongue tip strength
7. Apply gentle resistance with a tongue depressor to the child's tongue inside his mouth by pushing backward on the tip.	<input type="radio"/> adequate resistance <input type="radio"/> inadequate resistance	good tongue strength reduced tongue strength

## Mobility and Differentiation

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Instructions	Observations	Possible Indications
<b>JAW</b> _____		
1. Have the child open and close his mouth in a slow, controlled manner.	<input type="radio"/> opens smoothly without lateral movements <input type="radio"/> does not open smoothly <input type="radio"/> head and/or body movement accompanies jaw	good vertical jaw control and mobility poor vertical jaw control and mobility poor differentiation of the head/body from the jaw
2. Have the child move his jaw laterally in a slow, controlled manner.	<input type="radio"/> able to move jaw from side to side <input type="radio"/> unable to move jaw from side to side <input type="radio"/> extraneous head or facial movements	good lateral jaw control tightened facial muscles, poor lateral jaw control poor differentiation of the head from the jaw
3. Have the child move his jaw in a circular pattern in a slow, controlled manner.	<input type="radio"/> able to move jaw in a circular pattern <input type="radio"/> unable to move jaw in a circular pattern	good jaw control and mobility poor jaw control and mobility

# Mobility and Differentiation, *continued*

## Instructions

### CHEEK & LIPS \_\_\_\_\_

1. Have the child round his lips, keeping his teeth together in a bite.

## Observations

able to round lips

unable to round lips

rounds lips with teeth apart

2. Have the child retract his lips, keeping his teeth together in a bite.

able to retract lips with teeth together

unable to retract lips

retracts lips with teeth apart

3. Have the child frown while maintaining his teeth together in a bite.

able to frown while maintaining jaw closure (keeping teeth together)

unable to frown

frowns with mouth open

## Possible Indications

good mobility and control of the muscles around the lips, good differentiation of the lips from the jaw

tightened cheek/lip musculature, reduced lip mobility

poor differentiation of the lips from the jaw

good control and mobility of the cheek and facial musculature, good differentiation of the jaw from the cheek and lips

reduced control and mobility of the cheek and facial musculature, poor differentiation of the jaw from the cheek and lips

poor differentiation of the lips from the jaw

good control and mobility of the facial/lip musculature, good differentiation of the jaw from the cheek and lips

reduced control and mobility of the facial/lip musculature

poor differentiation of the jaw from the cheek and lips

# Mobility and Differentiation, *continued*

## Instructions

### CHEEK & LIPS, *continued*

4. Have the child alternately round and retract his lips while maintaining his teeth together in a bite.

## Observations

able to round and retract lips without jaw movement

round and retracts with jaw opening and closing

unable to round and retract lips

5. Have the child raise his top lip while maintaining his teeth in a bite and with a neutral position of the lower lip.

able to raise lip

raises lip with mouth opening

raises lip with some vertical movement of the lower lip

6. Have the child open his mouth and pull his bottom lip in while his top lip and jaw remain stationary.

able to draw in lip with no jaw movement

draws in lip with jaw movement

unable to draw lower lip in

## Possible Indications

good cheek/lip control and mobility, good differentiation of the jaw from the cheek and lips

reduced cheek/lip control and mobility, poor differentiation of the jaw from the cheek and lips

poor cheek/lip control and stability

good mobility and control of the upper lip, good differentiation of the jaw from the lips, good differentiation of the top lip from the bottom lip

poor differentiation of the lip from the jaw, reduced mobility and control of the upper lip

poor differentiation of the top lip from the bottom, reduced control and mobility of the upper lip

good control and mobility of the bottom lip, good differentiation of the lower lip from the top lip and of the lower lip from the jaw

reduced lower lip control and mobility, poor differentiation of the lower lip from the jaw

poor lower lip control and mobility



# Mobility and Differentiation, *continued*

## Instructions

### CHEEK & LIPS, *continued*

7. Have the child keep his teeth together in a bite and pull back the corner of his lips on one side of his face.

## Observations

- able to retract one side with no jaw movement
- retracts one side with jaw opening
- retracts one side with accompanying movements on the other side

## Possible Indications

good cheek/lip mobility, good differentiation of one side of the cheek/lip musculature from the other side, good differentiation of the cheek/lip from the jaw

poor differentiation of the cheek/lip from the jaw, reduced control and mobility of the cheek/lip musculature

poor differentiation between parts of the cheek/lip musculature, reduced control and mobility

## TONGUE

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1. Have the child point his tongue and move it in and out of his mouth in a slow, controlled manner.

- in and out without jaw movement, tongue does not touch lower lip
- in and out with jaw movement
- in and out with support by the lips
- unable to move in and out or tongue moves in and out with extraneous movements

good forward/back tongue control, good differentiation between the tongue and jaw and the tongue and the lips

poor differentiation between the tongue and the jaw, reduced forward/back tongue control and mobility

poor differentiation between the tongue and the jaw, reduced tongue control and mobility

poor tongue control and mobility

# Mobility and Differentiation, *continued*

## Instructions

### TONGUE, *continued*

2. Have the child point his tongue and move it from side to side outside his mouth in a slow, controlled manner.

3. Have the child point his tongue tip to his alveolar ridge, hold and then lower it behind his bottom teeth while maintaining a wide, open mouth.

## Observations

side to side without jaw movement or lip support

side to side with jaw movement

side to side movement with lip support

unable to move laterally

moves tip up and down without jaw movement

moves tip up and down with vertical jaw movements

unable to place tip on the alveolar ridge

unable to raise and lower tongue tip

## Possible Indications

good lateral tongue control and mobility, good differentiation between the tongue and the jaw

poor differentiation between the tongue and the jaw, reduced lateral tongue mobility

poor tongue control and mobility, poor differentiation between the lips and the tongue

poor lateral tongue control and mobility

good vertical tongue tip control and mobility, good differentiation of the tongue from the jaw

poor differentiation of the tongue from the jaw, reduced vertical tongue tip control and mobility

poor vertical tongue tip control and mobility

poor vertical tongue tip control and stability

# Mobility and Differentiation, *continued*

## Instructions

### TONGUE, *continued*

4. Have the child pull his tongue back and up into his mouth with the tip flat and the sides of his tongue touching his upper molars.	<ul style="list-style-type: none"><li><input type="radio"/> easily able to assume and hold this position</li><li><input type="radio"/> unable to easily assume this position</li></ul>	<p>good vertical control and mobility with the back of tongue</p> <p>poor vertical control with the back of the tongue; reduced differentiation of the back of the tongue from the tip, blade and sides; and reduced lateral tongue stability</p>
5. Have the child lift his tongue blade to his hard palate with an open mouth.	<ul style="list-style-type: none"><li><input type="radio"/> lifts and holds without any extraneous movements</li><li><input type="radio"/> lifts with vertical jaw movement</li><li><input type="radio"/> unable to lift and hold</li></ul>	<p>good vertical tongue control and mobility, good differentiation of the tongue from the jaw</p> <p>poor differentiation of the tongue from the jaw, reduced vertical tongue control and mobility</p> <p>reduced vertical tongue control and mobility, reduced differentiation of the tongue from the jaw</p>
6. Have the child cup his tongue in his mouth.	<ul style="list-style-type: none"><li><input type="radio"/> cups the tongue easily without rounding the lips</li><li><input type="radio"/> cups tongue with lip rounding</li><li><input type="radio"/> unable to cup tongue</li></ul>	<p>good vertical control and mobility of the sides of the tongue, good differentiation between the lips and the tongue</p> <p>poor differentiation of the tongue from the lips, reduced control and mobility of the sides of the tongue</p> <p>poor control and mobility of the sides of the tongue</p>

# Assessment of Oral-Motor Functions During Speech Tasks

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**Instructions:** This assessment should be completed in conjunction with a formal articulation test in order to examine the control, mobility, stability, and differentiation of the oral structures during speech production.

Begin with spontaneous conversation and observe the child's oral-motor skills using the observation guidelines listed below. Next, administer a formal articulation test. Then have the child perform the speech tasks listed in Part II of this assessment.

**Time:** Allow 30 minutes to complete this assessment.

**Child's Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Clinician** \_\_\_\_\_

## Part I: Observation Guidelines

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Are there a variety of lip and facial movements?  yes  no

Does the tongue remain in the child's mouth?  yes  no

Does the child's jaw stay primarily in the midrange positions?  yes  no

Does the child's tongue appear to move to a variety of locations in the child's mouth?  yes  no

Is there lip closure when the child is not speaking?  yes  no

Does the child's body and head remain relatively still when speaking?  yes  no

What do the child's tongue, lips, and jaw do when the child says a word containing his target sound? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Part II: Speech Tasks

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## Instructions

### LIPS

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1. Have the child say long *u*, hold and then long *e*, hold. Observe lip and jaw movements.

## Observations

good movement in the lips, able to hold the position without excess jaw movement

minimal lip movement, excess jaw movement

## Possible Indications

good lip control and mobility, good differentiation of the lips from the jaw

reduced lip control and mobility, reduced differentiation of the lips from the jaw

2. Have the child open his mouth wide and say "puh, puh" slowly as many times as he can. Observe lip and jaw movement.

very little jaw movement

great deal of jaw movement

good jaw stability, good differentiation of the lips from the jaw

reduced jaw stability, reduced differentiation of the lips from the jaw

vocalizations are smooth and coordinated

good lip control and mobility

vocalizations are choppy or approximate

reduced lip control and mobility

### TONGUE

---

1. Have the child open his mouth and say "tuh, tuh, tuh" slowly as many times as he can. Observe the tongue and jaw.

the tongue tip and sides of the tongue are elevated, jaw movement is minimal

sound is produced with the blade of the tongue

sound is produced with excess jaw movement

good tongue tip mobility and control, good jaw stability, good differentiation of the tongue from the jaw and of the tip from the body of the tongue

poor tongue tip control and mobility especially for elevation and retraction

reduced stability of the jaw, reduced mobility of the tongue tip, reduced differentiation of the tongue from the jaw

## Part II: Speech Tasks, *continued*

### Instructions

#### TONGUE, *continued*

2. Have the child open his mouth wide and say "ticket, ticket, ticket" as many times as he can. Observe the tongue and jaw.

### Observations

- sound is produced with only the tongue tip up and pointed with the lateral margins of the tongue down
- says word with minimal jaw movement, tongue shifts position from tip to back
- says words in a choppy, uncoordinated manner or with excess jaw movement

### Possible Indications

reduced lateral tongue stability

good tongue mobility, good differentiation of the tongue parts, good differentiation of the jaw from the tongue

reduced differentiation of the parts of the tongue, reduced control and stability of the tongue, poor differentiation of the tongue from the jaw