Writing sub-test
Speech Pathology
Sample Test

Please print in BLOCK LETTERS

Candidate number

Family name

Other name(s)

City

Date of test

Candidate's signature

YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM
You are assessing a 6-year-old male who has childhood apraxia of speech (CAS).

Name: Connor Mills  
D.O.B.: 4/03/07  
Social history: Lives with parents and one sister (born 2003)

Medical history:  
Birth uneventful  
Childhood coughs & colds  
Full vaccinations

Onset: Noticeable since 2010

General background: Verbal skills – always fairly good, but erratic according to mother.  
Primary school staff recommended assessment by Speech Pathologist, as difficulties more evident.  
Sometimes manages difficult words but later cannot manage same words.  
Talking slow to begin. No issues with family understanding him.  
During preschool years dyspraxia become more evident. Preschool teacher found him hard to understand, requested hearing/vision tests. Parents ignored due to overzealous preschool teacher. Reluctantly had hearing tested 2011.

Physical: Normal healthy, active, bright boy. Getting on well with peers at school.  
Participating in all activities.  
Coordination poor. Described by family as clumsy.  
Oral capabilities – no eating, chewing or swallowing difficulties.

Hearing tests: 2011 NAD  
Sight tests: Nil
10 February 2014

On examination

Speech: Decreased overall intelligibility
      Inconsistent articulation errors, esp with blends. Oral groping evident
      Increased errors with longer words: 3+ syllables
      No dysarthria

Receptive language: Comprehension – above average
      No problems socialising at school or with reading or maths
      Mild delay with spelling & writing

Expressive language: Nil evident
      Vocabulary – average
      Syntax – good
      Narrative – reasonable to good

Cognitive: NAD

Speech pathology therapy

Recommendations: Regular sessions – wkly to spend 1:1 time with Connor. Reassured parent &
      child regular sessions very likely to help with disorder. Reinforced Connor’s
      condition is milder end of spectrum.
      Suggested family, school support & encouragement.
      Discussed speech pathology sessions wkly for 3/12
      ?referral to Occupational Therapist

Writing Task:

Using the information given in the case notes, write a letter to the referring doctor, Dr M. Walton, 10 North
Road, Newtown. Give your assessment of the patient's issues and your recommendations.

In your answer:

• Expand the relevant notes into complete sentences
• Do not use note form
• Use letter format

The body of the letter should be approximately 180–200 words.
10 February 2014

Dr M. Walton
10 North Road
Newtown

Dear Dr Walton,

Re: Connor Mills DOB 04/03/07

Thank you for seeing six-year-old Connor who has presented with his parent today. He exhibits signs of childhood apraxia of speech with no obvious cause. His preschool teacher identified intelligibility issues in 2011 and hearing tests were conducted with no abnormality detected. No sight tests have been done.

Speech evaluation showed decreased intelligibility characterised by inconsistent articulation errors and increasing errors with words longer than 3 syllables. Oral groping was also evident. Receptive and expressive language were within normal limits, however he is having some milder difficulties with writing and spelling at school.

There is no evidence of dysarthria or a motor disorder but he is described as clumsy by his family. Connor is developing very well socially and academically. I plan to provide some weekly one-on-one sessions with Connor for 3 weeks in order to further assess him and provide therapy. I have reassured his parent that overall Connor presents with a milder form of dyspraxia and is likely to respond well to therapy.

I was wondering if an Occupational Therapy assessment might be warranted, given his coordination and writing difficulties.

If you require any further information or have any queries, please do not hesitate to contact me.

Yours sincerely,

Speech Pathologist