

# ORAL EXAM Checklist

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ SLP: \_\_\_\_\_

Go through each item on the checklist to complete a basic oral mechanism exam. Put a check in the box if the item was performed satisfactorily. Put an 'X' if there was an issue or abnormality with item.

## MANDIBULAR CONTROL

- Open
- Close
- Bite
- Missing Teeth

## LINGUAL CONTROL

- Out
- Up
- Down
- Lick Lips
- Side to Side
- Sweep Front to Back

## DIADOCHOKINETICS

- /puh/
- /tuh/
- /kuh/
- /puh tuh/
- /puh tuh kuh/
- /puh tuh kuh/ /puh tuh kuh/

## LABIO-FACIAL

- Smile
- Frown
- Pucker

## COORDINATION

- Smile to Kiss
- Bite to Open Mouth
- Bite to Blow
- Bite to Smile
- Puff Cheeks

## PHYSICAL OBSERVATIONS

- Typical Palate
- Healthy tissue
- Facial Symmetry
- Typical Uvula
- Typical Frenulum

Notes

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