

# SLI - ORAL-PERIPHERAL EXAMINATION

**STUDENT'S NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Write WNL or YES or a checkmark in the blanks if no problems are observed.  
If problems are observed, write either NO or a description, as appropriate.

1. **LIPS**  
**Habitual posture:** Closed \_\_\_\_\_ Open \_\_\_\_\_  
**Evidence of Cleft Lip or other structural problem:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Describe:** \_\_\_\_\_  
**Symmetrical appearance:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Describe:** \_\_\_\_\_  
**Mobility:** Presses \_\_\_\_\_ Purses \_\_\_\_\_  
Retracts \_\_\_\_\_ Symmetrical movement \_\_\_\_\_

2. **MANDIBLE**  
**Mobility:** Sufficient \_\_\_\_\_ Insufficient \_\_\_\_\_

3. **TEETH**  
**Condition:** WNL \_\_\_\_\_ Excessive decay \_\_\_\_\_  
**Spacing:** WNL \_\_\_\_\_ Excessive spaces \_\_\_\_\_ Crowded \_\_\_\_\_  
**Missing teeth:** All present: \_\_\_\_\_ Specify missing teeth \_\_\_\_\_  
**Occlusion:** WNL \_\_\_\_\_ Distocclusion \_\_\_\_\_ Mesiocclusion \_\_\_\_\_

4. **TONGUE**  
**Carriage:** Normal \_\_\_\_\_ Protruded \_\_\_\_\_  
**Protrusion:** Deviation \_\_\_\_\_ Tremors \_\_\_\_\_  
**Mobility:** Elevation \_\_\_\_\_ Lateralization \_\_\_\_\_  
Licks in circular motion \_\_\_\_\_  
Sweeps palate from alveolar ridge \_\_\_\_\_  
Moves independently of jaw \_\_\_\_\_  
**Lingual Frenulum:** Attached \_\_\_\_\_ Unattached \_\_\_\_\_

5. **PALATE**  
**Hard Palate:** Normal \_\_\_\_\_ Cleft \_\_\_\_\_ Describe \_\_\_\_\_  
**Contour:** Normal \_\_\_\_\_ Flat \_\_\_\_\_ Deep/Narrow \_\_\_\_\_  
**Velum::** Normal \_\_\_\_\_ Cleft \_\_\_\_\_ Describe \_\_\_\_\_  
**Length:** \_\_\_\_\_ Satisfactory \_\_\_\_\_ Short \_\_\_\_\_  
**Mobility:** \_\_\_\_\_ Adequate \_\_\_\_\_ Inadequate \_\_\_\_\_  
**Uvula:** Normal \_\_\_\_\_ Deviated \_\_\_\_\_ Bifid \_\_\_\_\_  
**Tonsils:** Normal \_\_\_\_\_ Enlarged \_\_\_\_\_ Removed \_\_\_\_\_

**Speech-Language Pathologist:** \_\_\_\_\_