



Sanbonani

Holdings (Pty) Ltd



RT275-2024

AWARD BROCHURE



Scope

SUPPLY AND DELIVERY OF SPEECH THERAPY ASSISTIVE DEVICES AND ACCESSORIES TO THE STATE FOR THE PERIOD OF 36 MONTHS



Sanbonani Holdings (Pty) Ltd



Head Office:

Unit 22, Dirk Smit Park, 14 Jakaranda Street,
Hennospark, Centurion, 0172
P.O. Box 3089, The Reeds, 0158

Company Registration No: 2004/000822/07

VAT Registration No: 4810216269

Practice No: 0195480



Enquiries: Michelle Chamberlain

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michelle@sanbonani.co.za

Specializing in Medical, Occupational Therapy and Physiotherapy Products

#	ITEM NUMBER	PRICE INCL. VAT	BRAND NAME	MODEL NUMBER
46	RT275-01-011	R480.00	Velcro fastener Dot: Male 12mm, Self Adhesive, Roll of 1000	FHD12B
54	RT275-01-012	R480.00	Velcro fastener Dot: Female 12mm, Self Adhesive, Roll of 1000	FHD12B
60	RT275-01-013	R300.00	Velcro fastener Strip Female 20mm x 25m Roll, Self Adhesive	FHA2X25B
1623	RT275-06-007	R1 150.00	Typing Stick	NC99001
1880	RT275-07-064	R619.75	Sensory Bean Bags, Set of 5.	GW-BBSS
1956	RT275-07-114	R499.20	Dynamic Tape®, 5cm x 5cm (Beige or Black Print)	NC99300-201
1988	RT275-07-133	R487.50	Care Spoons: 2.5cm width, pack of 10	NC34406-1
2003	RT275-07-139	R453.78	Flexi-Cut Cups, Size: 30ml volume, pack of 5	NC35278
2006	RT275-07-140	R454.99	Flexi-Cut Cups, Size: 59ml volume, pack of 5	NC35275
2008	RT275-07-141	R82.88	Nose Cut-Out Tumbler, Size: 237ml volume, each	NC35274-08
2254	RT275-09-052	R4 765.60	Sino-Hero - SM50 Hand-held pulse oximeter Kit	SM50
2298	RT275-10-025	R3 714.95	Autism Interventions: Exploring the Spectrum of Autism-2 nd Edition	PEI13779
2324	RT275-10-034	R16 762.20	Developmental Test of Visual Perception- 3 rd Edition (DTVP-3)	PEI10980
2329	RT275-10-035	R13 980.00	LAC-3: Lindamood Auditory Conceptualization Test-3 rd Edition	PEI10980
2376	RT275-11-021	R2 800.00	The Source® for Pediatric Dysphagia-Second Edition	PEI31739
2378	RT275-11-022	R3 270.00	The Source: Dysphagia-4 th Edition	PEI31747
2383	RT275-11-024	R20 340.00	CTOPP-2: Comprehensive Test of Phonological Processing-2 nd Edition	PEI13080
2428	RT275-11-040	R834.20	Soft Pencil Grips, set of 12	NC21034-12
2447	RT275-11-048	R4 039.70	The Early Intervention Kit	PEI37615
2450	RT275-11-050	R21 586.50	Scales Cognitive Ability for Traumatic Brain Injury (SCATBI)	STL32846
2451	RT275-11-051	R6 780.00	The Rossetti Infant-Toddler Language Scale	PEI34110
2452	RT275-11-059	R12 580.00	KLST-3: Kindergarten Language Screening Test-3 rd Ed., Complete Kit	PEI14970
2453	RT275-11-060	R13 226.75	Test of Auditory Processing Skills-4 th Edition (TAPS-4) Kit	STL30347
2454	RT275-11-061	R23 710.00	TOLD-P:5: Test of Language Development-Primary: Fifth Edition	PEI14810
2455	RT275-11-062	R7 484.40	OSMSE-3: Oral Speech Mechanism Screening Examination-3 rd Ed.	PEI8945
2456	RT275-11-071	R35 939.40	Test of Integ.Lang.& Literacy Skills (TILLS) Kit w/TeleTILLS	STL31753
2457	RT275-11-072	R31 815.50	LiPS® - Fourth Edition, Complete Kit and LiPS Stick COMBO	PEI13615
2458	RT275-11-073	R3 792.75	Autism Interventions: Exploring the Spectrum of Autism-2 nd Edition	PEI13779
2459	RT275-11-074	R16 750.80	Clinical Assess.- Articulation and Phonology, 2 nd Ed (CAAP-2)	STL31434
2460	RT275-11-075	R3 792.75	Autism Interventions: Exploring the Spectrum of Autism-2 nd Edition	PEI13779
2461	RT275-11-076	R16 750.80	Clinical Assess.- Articulation and Phonology, 2 nd Ed (CAAP-2)	STL31434
2462	RT275-11-077	R20 697.60	Arizona-4: Arizona Articulation and Phonology Scale-4 th Edition	PEI14723
2463	RT275-11-078	R20 697.60	Arizona-4: Arizona Articulation and Phonology Scale-4 th Edition	PEI14723
2464	RT275-11-080	R13 840.20	HAPP-3: Hodson Assessment of Phonological Patterns-3 rd Edition	PEI11550
2465	RT275-11-081	R13 200.00	PAT-3: Photo Articulation Test-3 rd Edition	PEI8370
2466	RT275-11-082	R11 800.00	TOCS: Test of Childhood Stuttering	PEI12200
2468	RT275-11-103	R2 800.00	The Source® for Pediatric Dysphagia-2 nd Edition	PEI31739
2469	RT275-11-104	R3 270.00	The Source: Dysphagia-4 th Edition	PEI31747
2470	RT275-11-107	R20 340.00	CTOPP-2: Comprehensive Test of Phonological Processing-2 nd Edition	PEI13080
2473	RT275-11-124	R834.20	Soft Pencil Grips, set of 12	NC21034-12
2475	RT275-11-132	R4 039.70	The Early Intervention Kit	PEI37615

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RT275-01-011**R 480.00**

Velcro fastener Dot: Male 12mm (Hook)
Norco, FHD12B

RT275-01-012**R480.00**

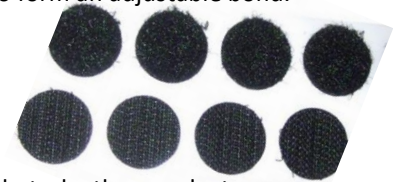
Velcro fastener Dot: Female 12mm (Loop)
Norco, FLD12B

Product Description

Premium quality hook or loop tape with adhesive backing. Hook and loop sides stick together to form an adjustable bond. Cut into circle shapes for convenient application to products. Available in Black and White.

Size: 12mm

Circles per roll: 1000

**Features**

- Heat Resistant and Eco Friendly
- Self-gripping, infinitely adjustable and reusable.

Applications

- Bags, garment, shoes, hats, leather products.
- Medical apparatus and instruments

Technical Data

Liner	Silicone Paper	Carrier	100% Nylon
Adhesive	Modified Rubber	Adhesive Thickness	+/- 1.8kgs / sqm
Application Temperature	20 - 25°C		
Application Tips	This adhesive tape is pressure sensitive and it is necessary to place pressure on the back of the tape when applying. Surfaces should be free of "nonstick" coatings and dust		
Storage Conditions	Product should be stored in original packaging to protect from dust and used within 12 months. Do not expose product to and packaging to direct sunlight and heat sources. Store between 15 - 27°C.		

**RT275-01-013****R300.00**

Velcro fastener Strip Male 20mm
Norco, FHA2X25B

(Note: Specification refers to either hook or loop)

**Product Description**

Premium quality hook or loop tape with adhesive backing. Hook and loop sides stick together to form an adjustable bond. Available in Black and White. Hook and loop rolls sold separately.

Width: 20mm

Roll length: 25m

Core ID: 29mm

Features

- Heat Resistant and Eco Friendly
- Self-gripping, infinitely adjustable and reusable.

Applications

- Bags, garment, shoes, hats, leather products.
- Medical apparatus and instruments

Liner	Silicone Paper	Carrier	100% Polyester
Adhesive	Modified Rubber	Adhesive Thickness	+/- 1.8kgs / sqm
Application Temperature	20 - 25°C		
Application Tips	This adhesive tape is pressure sensitive and it is necessary to place pressure on the back of the tape when applying. Surfaces should be free of "nonstick" coatings and dust		
Storage Conditions	Product should be stored in original packaging to protect from dust and used within 12 months. Do not expose product to and packaging to direct sunlight and heat sources. Store between 15 - 27°C.		

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RT275-06-007

R1,150.00

Typing Stick NC99001

Slips on band to assist in typing.

Helps people with limited functional hand skills to accurately depress keys.

Can be used on typewriters, adding machines, calculators and telephones. Soft tip ensures it will not damage machine keys.

Overall length is 7-1/2" (19cm).

Fits left or right hand, across the mid palm.

RT275-07-064

R619.75

Sensory Bean Bags GW-BBSS



Washable Bean Bags used to challenge and develop coordination.
The sensory fabric can be fluffy, spiky, slippery, shiny, rough, bright colours, patterned, you name it we a massive range of sensory fabrics!
Each bean bag is made unique.
Price for 5 different bean bags.
Size: 10cm x 10cm



RT275-07-114

Dynamic Tape®

R499.20

Please specify either: **NC99300-201 Beige Tattoo** or **NC99300-202 Black Tattoo**

A biomechanical approach to taping.

- Originally developed for athletes, sports and musculoskeletal physiotherapy, it is increasingly becoming an essential tool for therapists of all disciplines proving popular with neurological, paediatric and hand therapists.
- **Dynamic Tape®** is specially designed, highly elastic tape (over 200%) and is completely different from rigid sports tapes and kinesiology tapes. It's unique properties and four way stretch allow for truly biomechanical approach to taping, something that integrates well with a clinician's reasoning process.
- The tape is applied in a way that allows the elastic energy to decelerate motion and absorb load (eccentric), store energy once deceleration is complete and then re-inject it back into the system as shortening commences (concentric), in much the same way as a bungee cord. In this way it can assist weak, injured or overloaded muscles or can be used to modify movement patterns to indirectly reduce loading or improve technique.
- Dynamic Tape® is extremely soft, highly conformable, breathable and water resistant.
- Rolls measure 5meters in length.



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Specializing in Medical, Occupational Therapy and Physiotherapy Products

RT275-07-133

R487.50

Care Spoons, NC34406-1, Small 2.5cm



Helps decrease biting reflex.

Care Spoons are made of lightweight, ABS plastic. Small bowl helps control food intake. Spoons measure 15cm long and 13mm in diameter. The **Small** model has a 2.5cm bowl. Household dishwasher safe. Sold in packs of 10.



RT275-07-139

R453.78

Flexi-Cut Cups, 30ml

NC35278



Drink without neck extension.

Unlike other cut-out cups, **Flexi-Cut Cups** can be squeezed gently to change the shape of the cup lip for easier drinking. Cups are made of flexible plastic. Top rack household dishwasher safe. Set of 5.

RT275- 07-140

R454.99

Flexi-Cut Cups, 59ml

NC35275



Drink without neck extension.

Unlike other cut-out cups, **Flexi-Cut Cups** can be squeezed gently to change the shape of the cup lip for easier drinking. Cups are made of flexible plastic. Top rack household dishwasher safe. Set of 5.

RT275-07-141

R82.88

Nose Cut-Out Tumbler 237ml

NC35274-08



Enables drinking without tilting the head.

Nose Cut-Out Tumblers are ideal for people who choke easily or cannot tilt their heads back due to neck injuries. Useful for children who have cerebral palsy. The cutout fits comfortably around the nose when drinking. The 7.3cm wide opening allows the therapist to observe the liquid going into the client's mouth. The **Clear-Green** tumblers are made of **Flexible** polypropylene plastic. Sizes 237ml. Household dishwasher and microwave safe.



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Specializing in Medical, Occupational Therapy and Physiotherapy Products

RT275-09-052

R4,765.60

Hand-held Pulse Oximeter

SM50



Ergonomic design for point of care
Suitable for adult, pediatric and neonatal patients
High resolution 3.5." color LCD display
Selectable working modes: spot check and continuous monitoring
Up to 24 hours long battery life with recharge seat



Standard configuration:
Digital SpO2 and waveform, PR, Perfusion indicator

Supplied with:
1 Adult reusable SpO2 Sensor
1 paediatric reusable SpO2 Sensor
1 neonatal reusable SpO2 wrap Sensor
Rechargeable Lithium Battery (Brand new battery with fully charged ≥ 15 hours)
charging base



Handheld Monitor

The monitor is applicable for clinical monitoring in operating room, postoperative observation room, ICU/CCU ward, emergency room, etc.



HD display



Flat UI



Easy to clean



Easy to operate



Suitable for many people



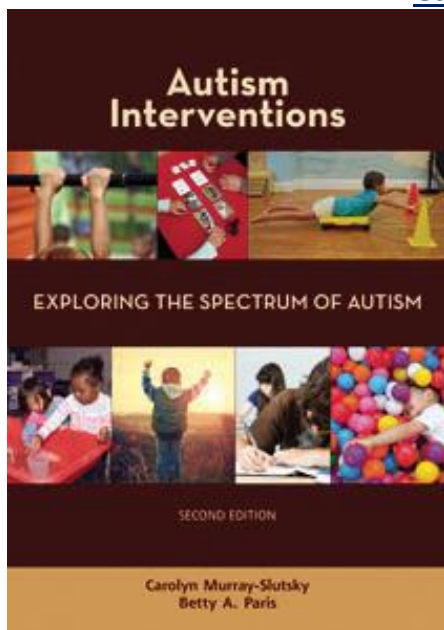
RT275-10-25

R3,714.95

Autism Interventions: Exploring the Spectrum of Autism-Second Edition

PEI13779

Carolyn Murray-Slutsky • Betty A. Paris



- ISBN978-1-602-51028-9

Autism Interventions provides the most current assessment and intervention techniques, based on best practice and up-to-date research, for children on the Autism Spectrum. This practical and valuable tool offers holistic, dynamic, and effective intervention strategies and treatment plans to improve the functioning of individuals with autism.

Written by highly acclaimed occupational, physical and speech-language therapists, researchers, and educational and behavioral specialists, it is a valuable text and clinical reference for all parents and professionals working with children with an Autism Spectrum Disorder (ASD).

Therapists, teachers, psychologists, other professionals and parents, will find it easy-to-read and loaded with valuable treatment techniques:

- Sensory Processing - chapters dedicated to sensory issues in autism and their impact on skill development, function, interaction and engagement. Included are modulation disorders, sensory discrimination disorders, postural disorders and dyspraxia; and resulting problems and their interventions.

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- Communication strategies - including interventions to foster speech and communication; empowering the child to interact with others; develop social skills and friendships.
- Motor control, coordination and motor planning – chapters aimed at developing ever increasing skills to aid in the acquisition of functional skills required for self-care; independence within the classroom and educational environment; and engagement in leisure time activities. Oral-motor and feeding issues commonly seen with children with an ASD are addressed within a separate chapter and include extensive intervention strategies.
- Behavioral strategies – aimed at analyzing the function the behavior serves, facilitating positive outcomes and managing challenging behaviors across all environments.
- Educational strategies – addresses the foundational needs of the student with an ASD. Provided are the latest educational strategies, strategies for organizing the learning environment, teaching problem-solving and decision-making skills; and fostering appropriate social behaviors and workplace supports.

The editors offer intervention strategies that are based on best practice and up-to-date research that are practical and easy to implement with real life treatment photographs to illustrate the techniques. Read the [review](#) published by Lorna d'Entremont from *Special Needs Book Review*.

576 pages softcover • ©2014

Previous edition #12541 *Exploring the Spectrum of Autism and Pervasive Developmental Disorders: Intervention Strategies*

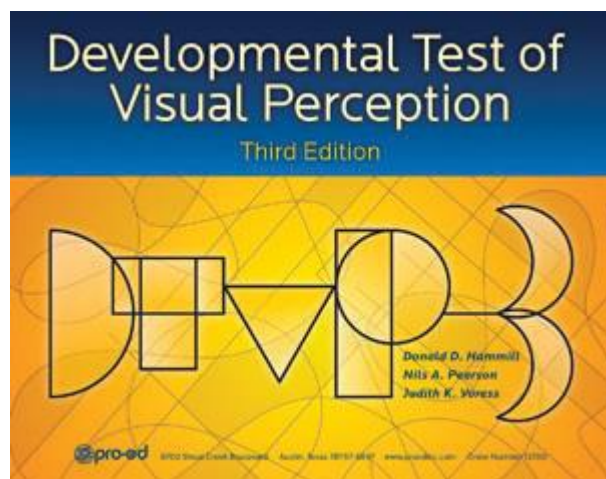
RT275-10-34

R16,762.20

DTVP-3: Developmental Test of Visual Perception - Third Edition

PEI13700

Donald D. Hammill • Nils A. Pearson • Judith K. Voress



Expanded age range

Ages: 4-0 through 12-11

Testing Time: 30 minutes

Administration: Individual

The DTVP-3 is the most recent revision of Marianne Frostig's popular *Developmental Test of Visual Perception*. Of all the tests of visual perception and visual-motor integration, the DTVP-3 is unique in that its scores are reliable at the .80 level or above for all subtests and .90 or above for the composites for all age groups; its scores are validated by many studies; its norms are based on a large ($N = 1,035$), representative sample; it yields scores for both visual perception (no motor response) and visual-motor integration ability; and it is shown to be unbiased relative to race, gender, and handedness.

New Features of the DTVP-3

- New normative data were collected in 2010 and 2011
- Norms were extended upward to age 12 years, 11 months
- The composite scores have no floor or ceiling effects
- Numerous eligibility and validity studies, including studies of the test's sensitivity, specificity, and ROC/AUC, have been provided
- The study of item bias has been expanded
- The overall look of the test was updated

DTVP-3 Subtests

The DTVP-3 has five subtests.

1. *Eye-Hand Coordination*. Children are required to draw precise straight or curved lines in accordance with visual boundaries.

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2. *Copying.* Children are shown a simple figure and asked to draw it on a piece of paper. The figure serves as a model for the drawing. Subsequent figures are increasingly complex.
3. *Figure-Ground.* Children are shown stimulus figures and asked to find as many of the figures as they can on a page where the figures are hidden in a complex, confusing background.
4. *Visual Closure.* Children are shown a stimulus figure and asked to select the exact figure from a series of figures that have been incompletely drawn. In order to complete the match, children have to mentally supply the missing parts of the figures in the series.
5. *Form Constancy.* Children are shown a stimulus figure and asked to find it in a series of figures. The targeted figure will have a different size, position, and/or shade, and it may be hidden in a distracting background.

DTVP-3 Composites

The results of the five DTVP-3 subtests are combined to form three composites: Motor-reduced Visual Perception, Visual-Motor Integration, and General Visual Perception (combination of motor-reduced and motor-enhanced subtests). Subtests were assigned to a particular composite on the basis of the amount of motor ability required by their formats.

COMPLETE DTVP-3 KIT INCLUDES: *Examiner's Manual, Picture Book, 25 Response Booklets, 25 Examiner Record Booklets, and a Copying scoring template, all in a sturdy storage box. (©2014)*

RT275-10-35

R13,980.00

LAC-3: Lindamood Auditory Conceptualization Test-Third Edition

PEI10980

Patricia C. Lindamood • Phyllis Lindamood

Ages: 5-0 through 18-11

Testing Time: 20-30 minutes

Administration: Individual

The *Lindamood Auditory Conceptualization Test-Third Edition* is a norm-referenced assessment that measures an individual's ability to perceive and conceptualize speech sounds using a visual medium. Because of the importance of these auditory skills to reading, the results are helpful for speech-language pathologists, special educators, and reading specialists. The LAC-3 also measures the cognitive ability to distinguish and manipulate sounds, which success in reading and spelling requires. This third edition of the LAC has been improved considerably. Three categories of items that relate to multisyllabic processing have been added. The availability of standard scores for the LAC-3 total score is a desirable feature.



Characteristics and Improvements of the LAC-3:

- **Normative Data** - scores, percentile ranks, and age and grade equivalents are now provided for individuals between the ages of 5-0 through 18-11.
- **More Complexity** - number of items in Category II has been increased from 12 to 18. The syllables have been extended from 4 phonemes to 5. This category is now titled Tracking Phonemes (Monosyllables).
- **Multisyllabic Processing** - Three categories of items have been added which extend the test into the multisyllable level of processing. These subtests are titled Counting Syllables (Multisyllables), Tracking Syllables (Multisyllables), and Tracking Syllables and Phonemes (Multisyllables).
- **More Item Analysis** - All items on the test were evaluated using both conventional item analysis and the differential item functioning analysis.
- **More Reliability** - Reliability coefficients are provided for subgroups of the normative sample (e.g., African Americans, Hispanic Americans, gender groups) as well as for the entire normative sample.

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- **More Validity Studies** - Many new validity studies have been conducted. Special attention has been devoted to showing that the test is valid for a wide variety of subgroups, as well as for the general population.
- **Population Characteristics** - Characteristics of the total normative sample relative to socioeconomic factors, gender, ethnicity, and other critical variables are the same as those reported for 2001 in the Statistical Abstract of the United States (U.S. Bureau of the Census, 2001) and, therefore, are representative of the current U.S. population.
- **Absence of Bias** - Studies showing the absence of gender, racial, linguistic, and ethnic bias have been added.
- **Audio CD** - An audio CD demonstrating correct pronunciation and administration of test items is provided with the complete test kit.

Complete LAC-3 kit includes: *Examiner's Manual, 25 Examiner Record Booklets, 24 Blocks, Access Code to Online Audio Files, 6 Felts, all in a sturdy storage box.* ©2004

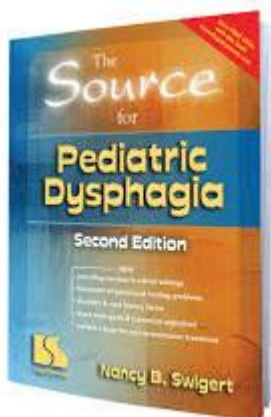
RT275-11-021

R2,800.00

The Source® for Pediatric Dysphagia-Second Edition

PEI31739

Nancy B. Swigert



Ages: Birth-18

Grades: Birth-Adult

Updated and expanded evaluation tools and goals help organize your treatment. Whether you are new to the subject area or a veteran, you'll find information you need to practice effectively. Here's a sampling of the content:

- **anatomy and physiology**—nutritive vs. non-nutritive suckling, reflexes and what they mean, normal development of feeding and self-feeding skills, and more
- **clinical evaluation**—differential diagnosis of feeding disorders, completing a case history, example evaluations, and more
- **instrumentation**—administration and analyses of FEES and MBS, radiation safety, monitoring of the infant's/child's response, and more
- **treatment**—treatment of problems associated with abnormal tone, sensation, and motor learning; behavior-based dysphagia; children who are NPO; and more
- **managing dysphagia in the school setting**—establishing a dysphagia team, reimbursement, developing IEPs and individual health services plans, and more
- **treatment of infants**—facilitating infant response, understanding distress signals and state of alertness, breastfeeding, and more

This book comes with an additional 51 printable pages of therapy tools:

- case history form
- evaluation forms individualized by these age groups:
 - 0-4months
 - 4 months-5 years
 - 5-18 years
- in-service guide on dysphagia in school-age children
- educational handouts
- observation forms
- questionnaire for children with severe drooling
- tips for developing good mealtime behaviors

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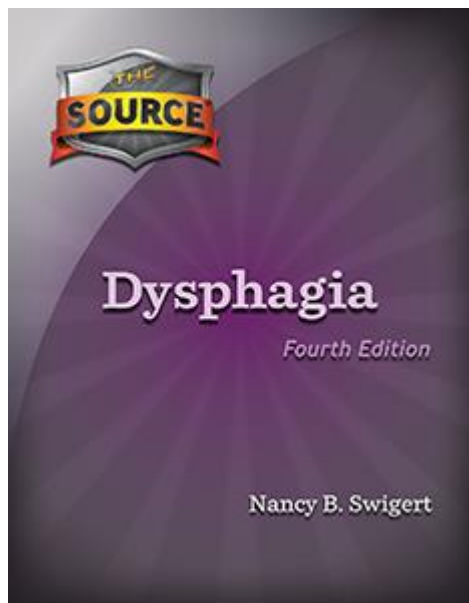
RT275-11-022

R3,270.00

The Source: Dysphagia—Fourth Edition

PEI31747

Nancy B. Swigert



- ISBN978-1-416-41161-1 **NEW!**

Ages: Adult

This best-selling book is a practical resource that gives you an evidence-based working knowledge of the evaluation and treatment of dysphagia plus tools to organize your dysphagia services. *The Source®: Dysphagia—Fourth Edition* is filled with need-to-know information and patient/staff education materials that busy clinicians can use every day!

The chapters in the book cover:

- Preparing for a Patient Assessment
- Screenings and Bedside or Clinical Evaluations
- Instrumental Assessment of Swallowing
- Dysphagia Treatment: Theoretical Basis, Planning, and Implementing
- Documentation of Dysphagia Treatment
- Special Considerations in Critical Care
- Ethics and Decision Making in Dysphagia Management: Palliative and Hospice Care
- Education and Advocacy
- Reimbursement: Coding and Documenting Dysphagia Services
- Practicing From an Evidence Base

The fourth edition provides current information about evaluation and treatment, with particular attention to updating evidence for treatment techniques. Most chapters contain significant revisions, such as the following:

- Additional information about what to know before you evaluate a patient, including information on oral hygiene, staging of disease, and standardized questionnaires
- Validated screening tools and screening different populations
- Streamlined clinical swallow evaluation toll in two formats, each including cranial nerve assessment
- Helpful chart for interpreting findings, not only on VSS, but a new chart for FEES
- Information on the ICF and importance of keeping a focus on function in treatment planning
- Helpful chart on matching treatment techniques to the impaired physiology
- Revised long-term and short-term goals and treatment objectives based on current evidence
- Background information on principles of neuroplasticity and motor learning
- New handouts on the SLP's role in palliative care and end-of-life decision making and the ethical challenges encountered with the end of life
- Information about the International Dysphagia Diet Standardization Initiative (IDDSI)
- Updated reference list and a reference list organized by treatment technique

The book comes with online access to additional printable pages of therapy materials in PDF format, including case examples, patient/family education materials, evaluation and referral forms, efficacy references, and sample letters to physicians.
256 pages • 8.5" x 11" • softcover • ©2019

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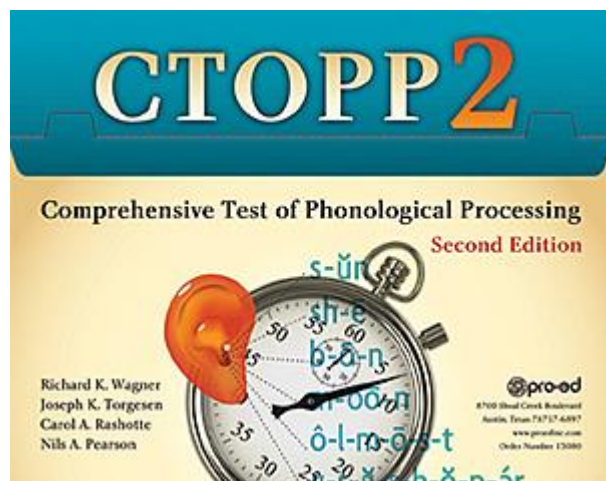
RT275-11-024

R20,340.00

CTOPP-2: Comprehensive Test of Phonological Processing-Second Edition

PEI13080

Richard K. Wagner • Joseph K. Torgesen • Carol A. Rashotte • Nils A. Pearson



Ages: 4-0 through 24-11
Testing Time: 40 minutes
Administration: Individual

The *Comprehensive Test of Phonological Processing* (CTOPP) was published in 1999 to meet the need for an assessment of reading-related phonological processing skills. Since its initial publication, the CTOPP has been popular with professionals in psychology and education. It has been used in many studies of reading and phonological processing in both typical and clinical populations. The extent of its widespread adoption and usage is evident from the results of a recent search of the PsychInfo database for research studies using the terms *Comprehensive Test of Phonological Processing* or CTOPP. The query returned 4,287 results.

Characteristics of the CTOPP-2

All new normative data were collected in 2008 and 2009. The test was normed on 1,900 individuals ranging in age from 6 through 24 years. The demographic characteristics of the sample conform to those of the population reported in the Statistical Abstract of the United States, and are, therefore, representative of the U.S. population. The floor effects present in the 5- and 6-year-old version of the first edition have been eliminated by the addition of easier items and the ceilings were extended by the addition of more difficult items. The results of the item additions were so successful that it now is appropriate to administer the CTOPP-2 to 4-year-olds. The lower version of the CTOPP-2 now covers the 4- to 6-year-old range. A new phonological awareness subtest called Phoneme Isolation was added. The model of phonological processing abilities was clarified. Confirmatory factor analyses were carried out and justified the presence of rapid naming subtests on a test of phonological processing. The model for 4- to 6-year-old range was revised by adding rapid naming of digits and letters to this version, and reporting scores on both symbolic and non-symbolic rapid naming at this level.

Uses of the CTOPP-2

The CTOPP-2 has four principal uses: (1) to identify individuals who are significantly below their peers in important phonological abilities, (2) to determine strengths and weaknesses among developed phonological processes, (3) to document individuals' progress in phonological processing as a consequence of special intervention programs, and (4) to serve as a measurement device in research studies investigating phonological processing.

CTOPP-2 Subtests

1. Elision measures the ability to remove phonological segments from spoken words to form other words.
2. Blending Words measures the ability to synthesize sounds to form words.
3. Sound Matching measures the ability to select words with the same initial and final sounds.
4. Phoneme Isolation measures the ability to isolate individual sounds within words.
5. Blending Nonwords measures the ability to synthesize sounds to form nonwords.
6. Segmenting Nonwords measures the ability to segment nonwords into phonemes.
7. Memory for Digits measures the ability to repeat numbers accurately.
8. Nonword Repetition measures the ability to repeat nonwords accurately.
9. Rapid Digit Naming measures the ability to rapidly name numbers.
10. Rapid Letter Naming measures the ability to rapidly name letters.
11. Rapid Color Naming measures the ability to rapidly name colors.
12. Rapid Object Naming measures the ability to rapidly name objects.

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CTOPP-2 Composites

Phonological Awareness Composite Score (PACS) comprises the standard scores of three subtests-Elision, Blending Words, and Sound Matching-for 4 through 6 year olds, and Elision, Blending Words, and Phoneme Isolation for 7through 24 year olds. The PACS represents the examinee's awareness of and access to the phonological structure of oral language. Phonological Memory Composite Score (PMCS) comprises the standard scores of two subtests -Memory for Digits and Nonword Repetition-for all individuals. The PMCS represents the examinee's ability to code information phonologically for temporary storage in working or short-term memory. The Rapid Symbolic Naming Composite Score (RSNCS) comprises the standard scores of two subtests-Rapid Digit Naming and Rapid Letter Naming-for all individuals. The RSNCS measures the examinee's ability to include efficient retrieval of phonological information from long-term or permanent memory and execute a sequence of operations quickly and repeatedly. Rapid Non-Symbolic Naming Composite Score (RNNCS) comprises the standard scores of two subtests-Rapid Color Naming and Rapid Object Naming and offers an alternative for young children, ages 4 through 6 year olds, not familiar with letters and numbers. The RNNCS measures the examinee's ability to include efficient retrieval of phonological information from long-term or permanent memory and executing a sequence of operations quickly and repeatedly using objects and colors. The Alternate Phonological Awareness Composite Score (APACS), an alternate composite for measuring phonological awareness is available for 7 through 24 year olds. It is formed by combining the scaled scores from Blending Nonwords and Segmenting Nonwords. The APACS measures the examinee's phonological awareness exclusively with nonwords.

Scores Available

The CTOPP-2 yields six types of normative scores: age equivalents, grade equivalents, percentile ranks, subtest scaled scores, composite indexes, and developmental scores. Percentile ranks are easily understood by parents and others with whom the examiner might want to share the results. Subtest scaled scores have a mean of 10 and a standard deviation of 3. The composite score indexes have a mean of 100 and a standard deviation of 15. Age and grade equivalents show the relative standing of individuals' scores. A new Rasch-based developmental score is now available for the non-speeded subtests.

Statistical Characteristics

Reliability of the CTOPP-2 subtests and composites was demonstrated by average internal consistency coefficients presented for the subtests that exceed .80 for all except Nonword Repetition with an average alpha of .77. The average internal consistency coefficients for the composites were all .85 or higher, a highly desirable level for reliability. Validity of the CTOPP-2 subtests and composites was demonstrated by correlations to measures directly related to the constructs measured by the CTOPP-2. The averaged coefficients for the subtests range from .49 (moderate) to .84 (very large); those for the composites range from .65 (large) to .76 (very large) in magnitude.

COMPLETE CTOPP-2 KIT INCLUDES: *Examiner's Manual, 25 Examiner Record Booklets for ages 4 through 6, 25 Examiner Record Booklets for ages 7 through 24, Picture Book, and online access to supplemental material, all in a sturdy storage box. (© 2013)*

RT275-11-040

R834.20

Soft Pencil Grips

Regular, Pack of 12

NC21034-12



Use with both pens and pencils.

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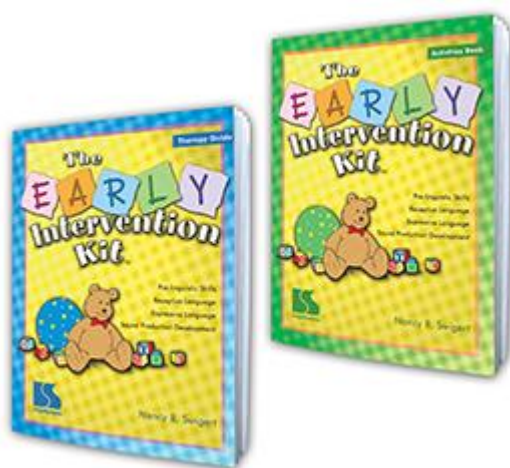
RT275-11-048

R4,039.70

The Early Intervention Kit

PEI37615

Nancy B. Swigert



- ISBN978-0-760-69984-3
- Format: CARDS

Ages: Birth - 3

This favourite of SLPs who provide birth to three services has the essential information and tools for successful early intervention services. Effectively address assessment, intervention, and documentation for pre-linguistic skills, speech and language development, and sound production. *The Early Intervention Kit* includes:

183-page Therapy Guide

Information on assessment, goals, treatment, and documentation including these helps specific to early intervention:

- complete inventory of speech and language developmental milestones
- short-term and long-term goals for pre-linguistic skills, receptive and expressive language, and sound production
- development of communicative intent and functions
- how to adjust for prematurity
- home-based vs. center-based assessments
- the Hawaii Preparing for Integrated Preschool Assessment
- Symbolic Play Scale Checklist
- printable documentation forms
- developing the Individualized Family Service Plan (IFSP)
- strategies for parental input and involvement in therapy
- overview of medical disorders and syndromes
- implementation of AAC

187-page Activities Book

More than 200 activities address prelinguistic skills, receptive language, expressive language, and sound production in a developmental sequence, as well as printable educational handouts to supplement teaching. Each activity includes:

- treatment objective and goals
- instructions and teaching suggestions
- expected age of development
- list of materials/toys needed

88 Sign Language Cards

- vocabulary words
- the alphabet
- numbers 1–10
- copy the cards

COMPLETE KIT INCLUDES: 183-page therapy guide, 187-page activities book plus numerous printable pages, 88 sign language cards, vinyl folder. (©2004)

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RT275-11-050

R 21,586.50

Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)

SLT32846

- Test Level: B
- Format: KIT
- Weight 3 lbs.6 oz.

Assesses cognitive and linguistic abilities of adolescents and adults with head injuries.

Brenda B. Adamovich and Jennifer Henderson

- **Age Range: Adolescent and adult**
- **Time: 30-120 minutes**



The SCATBI assesses cognitive and linguistic functions of brain-injured patients, establishes the severity of the injury, and shows progress during recovery. It is a time-efficient assessment, permitting selective administration of only the scales most useful for an individual patient.

Unlike other tests for this population, the SCATBI progresses in difficulty levels. This permits patients who functioned at very high levels, prior to injury, to continue to be assessed with the SCATBI, as they regain use of higher-level abilities (such as complex organization and abstract reasoning).

The SCATBI consists of five subtests:

- | | | |
|------------------------------|-----------------|--------------|
| 1. Perception/Discrimination | 2. Orientation | 4. Recall |
| | 3. Organization | 5. Reasoning |

Because the subtests use the same standard score scale, direct comparison of performance on the different subtests is possible. The SCATBI was standardized on a sample of head-injured patients and a sample of matched adults with no history of head injury. Internal consistency coefficients were high (.90 or higher) for all subtests. Test-retest coefficients from a patient sample ranged from a low of .73 (Reasoning) to a high of .89 (Recall).

Concurrent validity was supported by correlations between SCATBI scores and levels on the Rancho Los Amigos Scales. Discriminant analysis showed that the five SCATBI scales accurately classified 94 per cent of the head-injured participants and 79 per cent of the non-injured participants.

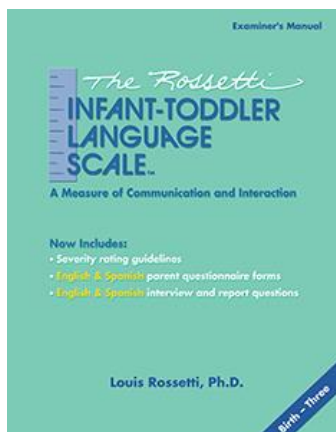
The SCATBI Kit includes an Examiner’s Manual, a Stimulus Manual, 25 Record Forms, a Stimulus Audiocassette and a Stimulus Card Set.

RT275-11-051

R6,780.00

The Rossetti Infant-Toddler Language Scale

Louis Rossetti



- Product Number:34110
- Test Level:B
- ISBN978-0-760-60713-8

Ages: 0 through 36 months
Testing time: Varies
Administration: Individual

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The *Rossetti Infant-Toddler Language Scale* is designed to provide the clinician with a comprehensive, easy-to-administer, and relevant tool to assess the preverbal and verbal aspects of communication and interaction in the young child.

The *Rossetti Infant-Toddler Language Scale* is a criterion referenced instrument that assesses Interaction-Attachment, Pragmatics, Gesture, Play, Language Comprehension, and Language Expression.

Behaviours can be directly elicited from the child, directly observed, or reported by parent or caregiver to credit the child's performance. All carry equal weight when scoring the scale. Results reflect the child's mastery of skills in each of the areas assessed at three-month intervals across developmental domains tested.

The test items guide you in directing and structuring observations in order to monitor the child's progress in language developmental areas. The items are based on a compilation of author observation and descriptions from developmental hierarchies and behaviours recognized and used by leading authorities in the field of infant-toddler assessment. Only items considered discriminating and representative of a skill at an age were included.

Severity rating guidelines help you interpret the results and confidently communicate the severity of the child's delay.

Reproducible Parent Questionnaire and report questions in English and Spanish.

Subtests

- Interaction Attachment - This subtest assesses the cues and responses that reflect a reciprocal relationship between the caregiver and the child.
- Pragmatics - Assess the way the child uses language to communicate with and affect others in a social manner in this subtest.
- Gesture - This subtest assesses the child's use of gesture to express thought and intent prior to the consistent use of spoken language.
- Play - Assess the changes in a child's play that reflect the development of representational thought with this subtest.
- Language Comprehension - This subtest assesses the child's understanding of verbal language with and without linguistic cues.
- Language Expression - Assess the child's use of preverbal and verbal behaviours to communicate with others.

COMPLETE TEST INCLUDES: *Examiner's Manual, 15 Test Forms.* ©2006

RT275-11-059

R 12,580.00

KLST-3: Kindergarten Language Screening Test—Third Edition, Complete Kit

Sharon V. Gauthier • Charles L. Madison • Melissa E. Morey



- Product Number:14970
- Test Level:A
- Format:KIT
- Weight1 lbs.0 oz.

Ages: 4-0 through 6-11

Testing Time: 10 minutes or less, depending on child's age and ability

Administration: Individual

Scoring: Online ONLY

The *Kindergarten Language Screening Test—Third Edition* (KLST-3) is a 47-item, standardized, norm-referenced screening test that measures the spoken language ability of children. The screener format allows users to quickly identify children who need further evaluation and instruction and to reliably measure their progress during the year.

New Features of the KLST-3

- New items were added to better assess language skills (e.g., semantics, syntax, and morphology).
- The spontaneous speech item was replaced with morphological completion items to measure children's understanding of pronouns, plurals, subject-verb agreement, and past tense verbs.

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- Criteria for correct and incorrect responses were clarified to improve the test's ability to identify children who need a more in-depth language assessment
- All users now have access to the all-new *KLST-3 Online Scoring and Report System*. This system includes access to an electronic version of the Examiner Record Form and provides a quick, efficient tool for (a) entering test session data; (b) converting total raw scores into index scores; (c) generating age equivalents, percentile ranks, and upper and lower confidence intervals; and (d) obtaining a score summary report. Inclusion of the software eliminates the need to include normative tables in the Examiner's Manual and ensures accurate calculation of scores.

Technical and Statistical Characteristics of the KLST-3

The KLST-3 was normed on a weighted sample of 872 children from 39 states and 292 different zip codes. The Examiner's Manual includes a comprehensive discussion of the test's theoretical and research-based foundation, item development, standardization, administration and scoring procedures, and guidelines for using and interpreting the test's results.

The KLST-3 has excellent reliability; the internal consistency reliability coefficient is .93, and the test-retest reliability coefficient is .96. Extensive studies of the floors, ceilings, and item gradients indicate that the test has consistently excellent ability across all ages and ability levels to measure the spoken language ability of children. Diagnostic accuracy studies demonstrate the test's ability to accurately identify children who are known to have spoken language difficulties. Specifically, KLST-3 Kindergarten Language Index cutoff scores of 92 and 90 resulted in sensitivity indexes ranging from .71 to .92, specificity indexes ranging from .88 to 1.00, and ROC/AUC values ranging from .91 to .96 in differentiating children with a specific language impairment, a cognitive impairment, or autism spectrum disorder diagnosis from children with no diagnosis.

Please note: scoring is only available online through the *KLST-3 Online Scoring and Report System*, which is included in the *KLST-3 Complete Kit*.

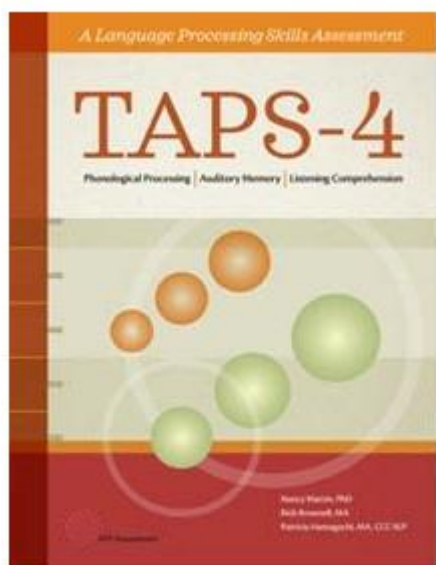
COMPLETE KLST-3 KIT INCLUDES: Examiner's Manual, Picture Book, 50 Examiner Record Forms, and access to KLST-3 Online Scoring and Report System, all in a sturdy storage box. (@2023)

RT275-11-060

R 13,226.75

Test of Auditory Processing Skills-4th Edition (TAPS-4) Kit

STL30347



An updated version of the popular Test of Auditory Processing Skills.

Age Range: 5 through 21 years

Time: 60-90 minutes

TAPS-4 identifies particular language processes with which an individual may be having difficulties. It features new subtests, along with updates to subtests from the TAPS-3. It also includes audio administration for the subtests in which proper pronunciation of speech sounds is critical. This allows a greater degree of standardization, and accuracy, over the testing process.

TAPS-4 Subtests

***Processing Oral Directions (*without background noise*)**—ability to process, and recall, oral directions when presented in quiet listening conditions

***Word (Pair) Discrimination**—ability to discriminate whether a word pair is the same, or different

***Phonological Deletion**—ability to manipulate phonemes within words

***Phonological Blending**—ability to synthesize a nonsense word, given the individual phonemes

***Syllabic Blending**—ability to synthesize a nonsense word, given the individual syllables

***Auditory Figure-Ground (*processing oral directions with background noise*)**—ability to process, and recall, oral directions when presented with competing background noise

***Number Memory Forward**—ability to recall an auditory sequence of numbers, in the given order

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***Number Memory Reversed**—ability to recall an auditory sequence of numbers, in the reverse order

***Word Memory**—ability to recall an auditory sequence of words, in the given order

***Sentence Memory**—ability to recall a spoken sentence

***Auditory Comprehension of Language**—ability to comprehend oral language at the sentence and narrative level; including literal recall, inference and high-order language tasks, such as idioms and figurative language

The TAPS-4 Kit includes 25 Record Forms, and Administration CD and a Manual, in a Portfolio.

RT275-11-061

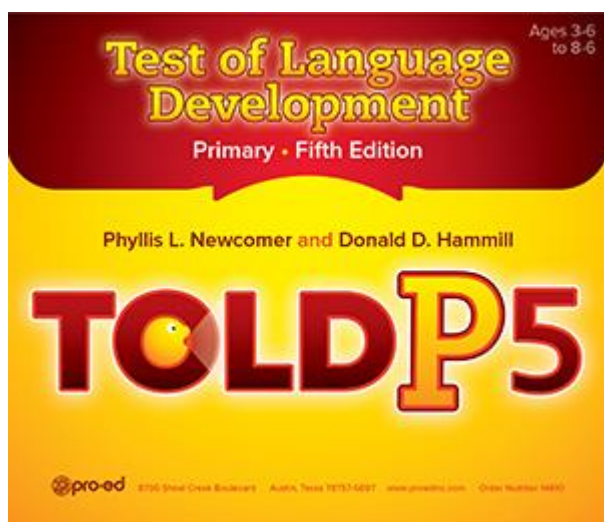
R 23,710.00

TOLD-P:5: Test of Language Development–Primary: Fifth Edition

PEI14810

Complete Kit with Online Scoring

Phyllis L. Newcomer • Donald D. Hammill



- Test Level: B
- Format: KIT

Ages: 4-0 to 8-11

Testing Time: 30 minutes to 1 hour

Administration: Individual

Scoring: Manual or online

The TOLD-P:5 assesses spoken language in young children. It is well constructed, reliable, practical, research-based, and theoretically sound. Professionals can use the TOLD-P:5 to (1) identify children who are significantly below their peers in oral language proficiency, (2) determine their specific strengths and weaknesses in oral language skills, (3) document their progress in remedial programs, and (4) measure oral language in research studies.

Subtests and Composites

The TOLD-P:5 has six core subtests and three supplemental subtests which measure various aspects of oral language are described below. The results of these subtests can be combined to form composite scores for the major dimensions of language: semantics and grammar; listening, organizing, and speaking; and overall language ability.

Core Subtests

1. **Picture Vocabulary** – measures a child's understanding of the meaning of spoken English words (semantics, listening)
2. **Relational Vocabulary** – measures a child's understanding and ability to orally express the relationships between two spoken stimulus words (semantics, organizing)
3. **Oral Vocabulary** – measures a child's ability to give oral definitions to common English words that are spoken by the examiner (semantics, speaking)
4. **Syntactic Understanding** – measures a child's ability to comprehend the meaning of sentences (grammar, listening)
5. **Sentence Imitation** – measures a child's ability to imitate English sentences (grammar, organizing)
6. **Morphological Completion** – measures a child's ability to recognize, understand, and use common English morphological forms (grammar, speaking)

Supplemental Subtests

7. **Word Discrimination** – measures a child's ability to recognize the differences in significant speech sounds (phonology, listening)
8. **Word Analysis** – measures a child's ability to segment words into smaller phonemic units (phonology, organizing)
9. **Word Articulation** – measures a child's ability to utter important English speech sounds (phonology, speaking)

Normative Scores

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The *TOLD-P:5 Online Scoring and Report System* (provided as part of the TOLD-P:5 Complete Kit) was designed as a quick, efficient tool for (a) entering test session data; (b) converting subtest item scores or subtest total raw scores into scaled scores; (c) converting sums of scaled scores into composite index scores, percentile ranks, and upper and lower confidence intervals; (d) comparing TOLD-P:5 scores to identify significant intraindividual differences; and (e) obtaining a score summary and narrative report.

The *TOLD-P:5 Online Scoring and Report System* yields four types of normative scores: age equivalents, percentile ranks, subtest scaled scores, and composite indexes. Percentiles provide the examiner with an index that is easily understood by parents and others with whom the test results are to be shared. Subtest scaled scores are based on a distribution having a mean of 10 and standard deviation of 3. Composite indexes are based on a distribution having a mean of 100 and standard deviation of 15. Age equivalents are indexes of relative standing that translate subtest raw scores to what are commonly termed language ages.

New Features of the TOLD:P-5

- All new normative data ($N = 1,007$) stratified by age to conform to those of the projected U.S. school-age population for the year 2015 reported in *ProQuest Statistical Abstract of the United States 2017*, and are thereby representative of the U.S. population.
- New studies of the floors, ceilings, and item gradients for the TOLD-P:5's subtests and composites were conducted. The results indicated that the test has consistently excellent ability across all ages and ability levels to not only measure students' spoken language ability but also detect minor fluctuations in those abilities.
- New studies of test bias (both differential item functioning and subgroup comparison studies) were conducted that indicated that the test possesses little or no bias in regard to gender, race, or ethnicity.
- New extensive criterion-prediction validity studies were conducted to demonstrate the validity of the TOLD-P:5's subtests and composites, including diagnostic accuracy analyses. Diagnostic accuracy analyses are particularly rigorous techniques for establishing validity, involving the computation of a test's sensitivity index, specificity index, and ROC/AUC. These studies indicated that the test is a highly valid measure of spoken language ability.
- New extensive studies of construct-identification validity, including studies of age differences, subgroup performance, relationship to achievement, and confirmatory factor analysis of the test's structure, were conducted. These studies indicated that the test's internal structure is sound and its results are valid for a wide variety of subgroups, as well as for a general population.
- All new Online Scoring and Report System is now included and provides an efficient and easy way to obtain TOLD-P:5 scores and corresponding narrative.

COMPLETE TOLD-P:5 KIT INCLUDES: Examiner's Manual, Picture Book, 25 Examiner Record Form, all in a sturdy storage box. (© 2019)

RT275-11-062

R 7,484.40

OSMSE-3: Oral Speech Mechanism Screening Examination-Third Edition

PEI8945

Kenneth O. St. Louis • Dennis M. Ruscello

- Test Level: B
- Format: KIT
- **Ages:** 5 through 78
- **Testing Time:** 5 to 10 minutes
- **Administration:** Individual

The *Oral Speech Mechanism Screening Examination—Third Edition* (OSMSE-3) provides an efficient, quick, and reliable method to examine the oral speech mechanism of all types of speech, language, and related disorders where oral structure and function is of concern. Its appeal for all types of clients and problems, ease of administration and scoring, and



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nearly two decades of continued use in clinical and research efforts set it apart from other oral examinations.

Requiring only 5 to 10 minutes to administer, the OSMSE-3 is specifically designed for speech-language pathologists who evaluate and treat all kinds of speech and language disorders. The third edition has a number of attractive new features designed to make the instrument easier to administer and score than the previous revision, yet it is still comprehensive and accurate.

The new color-coded Scoring Form follows the familiar observational sequence for evaluation of a client's lips, tongue, jaw, teeth, palate, pharynx, velopharyngeal mechanism, breathing, and diadochokinesis that clinicians are accustomed to. However, it now guides you through the process of determining whether or not your client passed or failed each item, showing miniature symbols beside the scoring locations. Additionally, color-coded boxes and ovals now allow you to separate Structure items from Function items on the Scoring Form itself. Finally, the OSMSE-3 scoring section at the end of the form guides you through the process of summarizing all your scores, comparing them to normative scores, and determining whether or not your client passed or failed the screening. New and simplified tables in the Examiner's Manual permit you to make normative comparisons by simply looking up screening cutoff scores for clients from 5 to 78 years old. Although redrawn and smoothed graphs are provided, you no longer need to extrapolate scores from these graphs.

The OSMSE-3 features demonstration audio recorded to assist you in giving instructions and models that will evoke maximum performance on diadochokinetic tasks. This is an area that has created problems for both experienced and inexperienced examiners using earlier editions. The tape shows you how to pronounce the syllable sequences, obtain practice performances, count your client's syllables, round stopwatch results appropriately, and write your results on the Scoring Form. It also has a self-administered section with reproducible practice sheets that allows you to practice counting the same samples over and over to enhance your reliability as well as to compare your results to standard results.

The completely revised and updated Examiner's Manual has 16 new color photographs to illustrate various normal and abnormal oral structures. It also has up-to-date summaries of research and clinical considerations relating to the lips, tongue, jaw, teeth, hard palate, soft palate, pharynx, velopharyngeal function, breathing, and diadochokinesis.

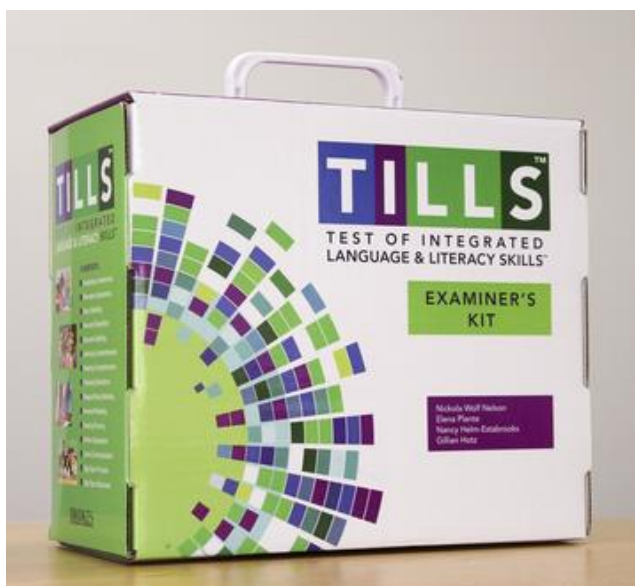
Complete OSMSE-3 Kit includes: *Examiner's Manual, a pad of 50 Scoring Forms, and a CD, all in a sturdy storage box. ©2000*

RT275-11-071

R 35,939.40

Test of Integrated Language & Literacy Skills (TILLS) Kit with TeleTILLS

STL31753



Captures the complete picture of students' oral and written language skills

Nikola Wolf Nelson, Ph.D., Elena Plante, Ph.D., Nancy Helm-Estabrooks, Sc.D., and Gillian Hotz, Ph.D.

- **Age Range: 6-18 years**
- **Time: 90 minutes or less**

The TILLS measures integrated language-literacy abilities that reflect the complex demands of the general education curriculum. It is a comprehensive, norm-referenced test that has been standardized to:

- Identify language/literacy disorders
- Document patterns of relative strengths and weaknesses
- Track changes in skills, over time

Professionals can administer the entire test, single subtests, or combinations of subtests. The TILLS is constructed to allow the examiner to derive scores, for identifying, tracking and profiling a student's strengths and weaknesses, and interpreting the results to support decisions about what to do next.

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The 15 TILLS subtests allow examiners to assess and compare students' language-literacy skills at both the sound/word level, and the sentence/discourse level, across the four oral and written modalities: Listening, Speaking, Reading and Writing.

Ideal for evaluating students:

- Suspected of having a primary language impairment (specific language impairment)
- Suspected of having a learning disability, reading disability or dyslexia
- Known to have conditions such as: Deaf/Hard-of-Hearing, Autism Spectrum Disorder, or Intellectual Disability
- Struggling with language and literacy comprehension and social communication skills (social communication disorder)

The TILLS Kit includes 25 each of the Examiner Record Forms and Student Response Forms; 50 Student Language Scales; an Examiner Practice Workbook; a Quick Start Guide; Stimulus Book, and Examiner's Manual, with Digital Audio Files (on USB drive), and TILLS Tote Bag.

RT275-11-072

R 31,815.50

LiPS® - Fourth Edition, Complete Kit and LiPS Stick COMBO

PEI13615

Patricia C. Lindamood • Phyllis D. Lindamood

The *LiPS: Lindamood Phoneme Sequencing® Program for Reading, Spelling, and Speech—Fourth Edition* is a comprehensive multisensory program that uses explicit, systematic instruction to develop phonological awareness, decoding, spelling, and reading skills.

The goal of *LiPS* is to develop fluent readers and competent spellers.

The *LiPS* Program steps are: Setting the Climate for Learning, Identifying and Classifying Consonants, Identifying and Classifying Vowels, Tracking Simple Syllables and Words, Basic Spelling and Reading, Learning Sight Words and Expectancies, Tracking Complex Syllables and Words, Multisyllabic Words, and Reading and Writing in Context. To teach sound-letter associations, the *LiPS* tasks progress from articulatory movement to sound, then to letter. Through guided discovery techniques, students explore the physical movements involved in producing sounds and learn to hear, see, and feel the physical characteristics of sounds.

This in-depth knowledge leads to the student's ability to understand how words are constructed and to self-correct essential skills for independent reading and spelling.

For more than 40 years, the *LiPS* program has successfully addressed the reading difficulties of a wide range of individuals, including students with functional speech-language delay, second language learning, dyslexia, autism, apraxia, pervasive developmental delay, traumatic brain injury, and stroke. The program's use with students in grades K–3 has been shown to significantly reduce the need for remedial reading instruction. *LiPS* can be used with individuals, small groups, and classrooms. It can be used with all ages, from preschool to adult.



LiPS Manual with Flash Drive

The revised *Lindamood Phoneme Sequencing Program for Reading, Spelling, and Speech Fourth Edition Manual* provides theoretical foundations and a detailed description of the *LiPS* Program steps. The main parts of the manual include: introduction to the Program, identifying and classifying speech sounds by place and manner of articulation, simple syllables and words, complex syllables and words, spelling, and reading, multisyllable words, and reading for comprehension and spelling in context. The manual includes outlines and sample dialogue to help students develop phonemic awareness and abilities in reading and spelling. A flash drive accompanies the manual and includes extensive dialogues, chains and word lists, frequently asked questions, and audio and video examples.

Phonological Awareness and Sequencing Stories

By Sylvia Hannah

The eight book set of the *Phonological Awareness and Sequencing Stories (PAS)* is now integrated into the *LiPS* Program. These 42 appealing stories, organized into eight chapter books, follow the Vertical Path of sound introduction and have engaging illustrations to give the students opportunities to practice successful reading. A separate [Teacher's Guide is available.](#)

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LiPS Manipulatives

A wide array of magnetic manipulatives aid instruction in the Program and are included in the kit:

- 15 Mouth picture magnets
- 21 Small colored squares magnets
- 53 Letter magnets and 3 blanks
- 4 Large colored squares magnets
- 60 Syllable magnets and 4 blanks
- 11 1/4" X 30" white, tri-fold, magnetic write on-wipe off board
- 64 Playing cards including letters and mouth pictures
- Individual folding mirror
- Safe for all ages

COMPLETE LiPS KIT INCLUDES: *Manual with Flash Drive; 15 Mouth Picture Magnets; 21 Small Colored Squares Magnets; 53 Letter Magnets and 3 blanks; 4 Large Colored Squares Magnets; 60 Syllable Magnets and 4 Blanks; 11 1/4" x 30" White, Tri-Fold, Magnetic Write On-Wipe Off Board; 64 Playing Cards; Folding Mirror; Phonological Awareness and Sequencing Stories (set of 8 books) and Teacher's Guide.* ©2011 • Previous Edition: #8600/#8620

LiPS STICK:

The LiPS Stick, a flash drive containing a broad collection of the digital versions of the manipulatives and reproducible resources, is a valuable and cost-effective resource! The LiPS Stick contains vowel circle mats, small colored squares, large colored squares, letter cards, large and small mouth pictures, syllable cards, and all manipulatives in JPEG files for easy use with electronic interactive boards. With the LiPS Stick, you can reproduce instructional tools and make unlimited sets of manipulatives for your students' use at home, in the clinic, and at school. ©2011

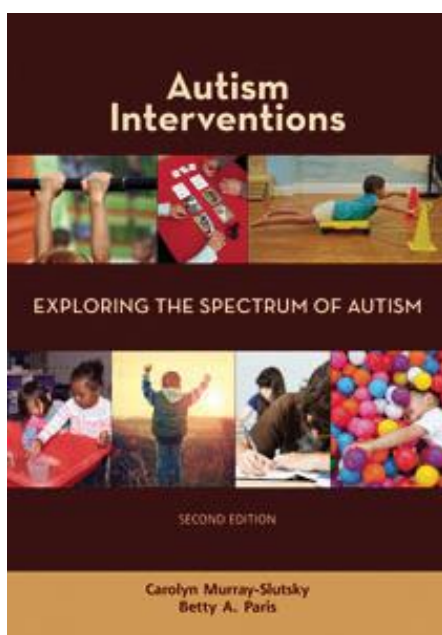
RT275-11-073

R3,792.75

Autism Interventions: Exploring the Spectrum of Autism-Second Edition

PEI13779

Carolyn Murray-Slutsky • Betty A. Paris



- ISBN978-1-602-51028-9

Autism Interventions provides the most current assessment and intervention techniques, based on best practice and up-to-date research, for children on the Autism Spectrum. This practical and valuable tool offers holistic, dynamic, and effective intervention strategies and treatment plans to improve the functioning of individuals with autism.

Written by highly acclaimed occupational, physical and speech-language therapists, researchers, and educational and behavioral specialists, it is a valuable text and clinical reference for all parents and professionals working with children with an Autism Spectrum Disorder (ASD).

Therapists, teachers, psychologists, other professionals and parents, will find it easy-to-read and loaded with valuable treatment techniques:

- **Sensory Processing** - chapters dedicated to sensory issues in autism and their impact on skill development, function, interaction and engagement. Included are modulation disorders, sensory discrimination disorders, postural disorders and dyspraxia; and resulting problems and their interventions.
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- Motor control, coordination and motor planning – chapters aimed at developing ever increasing skills to aid in the acquisition of functional skills required for self-care; independence within the classroom and educational environment; and engagement in leisure time activities. Oral-motor and feeding issues commonly seen with children with an ASD are addressed within a separate chapter and include extensive intervention strategies.
- Behavioral strategies – aimed at analyzing the function the behavior serves, facilitating positive outcomes and managing challenging behaviors across all environments.
- Educational strategies – addresses the foundational needs of the student with an ASD. Provided are the latest educational strategies, strategies for organizing the learning environment, teaching problem-solving and decision-making skills; and fostering appropriate social behaviors and workplace supports.

The editors offer intervention strategies that are based on best practice and up-to-date research that are practical and easy to implement with real life treatment photographs to illustrate the techniques. Read the [review](#) published by Lorna d'Entremont from *Special Needs Book Review*.

576 pages softcover • ©2014

Previous edition #12541 *Exploring the Spectrum of Autism and Pervasive Developmental Disorders: Intervention Strategies*

RT275-11-074

R16,750.80

Clinical Assessment of Articulation and Phonology, Second Edition (CAAP-2)

STL31434

New Norms! New Age Ranges!

Ages: 2-6 to 11-11

Testing Time: 15 to 20 minutes

Administration: Individual

The CAAP-2 is the most current assessment for articulation and phonology. It is time-efficient, accurate, and yields results that are easy to score and interpret. You may administer the Articulation Inventory in 15-20 minutes. The checklist approach to assessing phonological processes virtually eliminates the need for phonetic transcription. CAAP-2 is an assessment that you will like giving and children will enjoy taking.

Qualify students for therapy with:

- Word standard scores
- Sentence standard scores
- Phonology standard scores



Articulation inventory targets:

- Pre- and postvocalic consonant singletons
- Cluster words containing S, R, and L in the initial position
- Three- and four-syllable words
- Postvocalic productions of R
- The production of sounds in sentences (for children 5 years and older)

Phonological process checklists assess:

- Final consonant deletion
- Cluster reduction
- Syllable reduction
- Gliding
- Vocalization
- Fronting (velar and palatal)
- Deaffrication
- Stopping
- Prevocalic voicing
- Postvocalic devoicing

Valid and Reliable

CAAP-2 is a valid and reliable instrument. The CAAP-2 standardization sample included 1486 children from the U.S. and closely resembles 2013 U.S. Census Data. Concurrent validity studies comparing CAAP to the GFTA-2 and the KLPA-2 were significant beyond $p < .01$ for all raw scores, standard scores and percentile ranks (ranging from .789 to .948). Inter-rater reliability coefficients were all above .99.

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COMPLETE CAAP-2 KIT INCLUDES: Examiner's Manual, Stimulus Easel, 50 Articulation Response Forms, 30 Phonological Process Evaluation Forms, 5 foam CAAP Pals, and a big tote bag.

©2014 **CHOKING HAZARD** Small Parts not for children under 3 yrs.

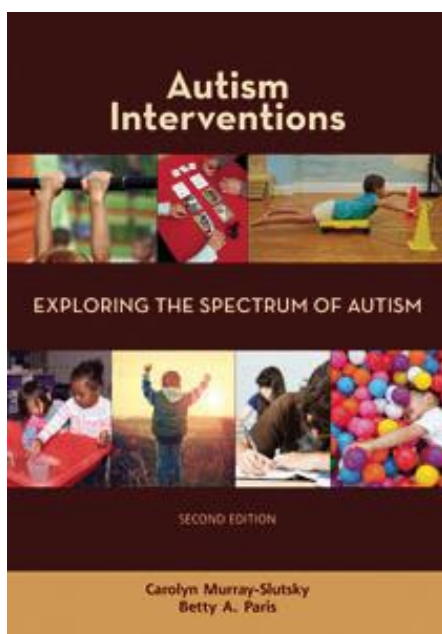
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RT275-11-076

R16,750.80

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STL31434

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CHOKING HAZARD Small Parts not for children under 3 yrs.

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RT275-11-077 & RT275-11-078

R 20,697.60

Arizona-4: Arizona Articulation and Phonology Scale-Fourth Edition

PEI14723

Janet B. Fudala • Sheri Stegall



- Product Number:
- Test Level:C
- UPC:W-688
- Format:KIT
- Weight1 lbs.14 oz.

Ages: 18 months through 21 years

Testing Time: 5 to 20 minutes

Administration: Individual

Scoring: Manual or online

The *Arizona Articulation and Phonology Scale- Fourth Edition* measures speech intelligibility, articulatory impairment, and phonological impairment in one quick, easy to use assessment.

The fourth edition of this widely used assessment retains the strengths of its predecessors and adds features that enhance its effectiveness in identifying individuals who have speech sound disorders. New norms, refined measurement properties, and the addition of connected-speech and phonology tests help clinicians identify individuals who may benefit from speech sound services. Supplemental qualitative tasks facilitate deeper interpretation of the scores and help clinicians develop treatment plans that are targeted to the individuals needs.

Applications and Uses

The Arizona-4 can be used by speech and language professionals in a variety of settings, including schools, clinics, hospitals, private practices, and intervention programs. Its applications include:

- Understanding and describing an individual's level of articulatory ability and overall speech intelligibility in both single-word and connected speech
- Comparing single-word and connected-speech articulatory abilities
- Determining the extent to which phonological impairment may contribute to an individual's articulatory deficits, and describing the specific types of phonological error patterns that are displayed
- Facilitating early identification of speech-sound development concerns and determining whether an individual may benefit from treatment services
- Identifying and prioritizing speech targets for individualized intervention through analysis of the examinee's specific articulatory/phonological deficits and relative strengths, including the production of consonants, consonant blends, vowels, and vocalic /r/
- Monitoring improvement in an individual's speech sound production over time
- Evaluating the degree of consistency in an individual's production of misarticulated sounds, the impact of speech sound deficits in continuous language and everyday speech, and the need for further language assessment or intervention

What It Measures

The Arizona-4 scores help clinicians identify individuals who are in need of speech sound services and develop treatment plans for them. The primary score is the easy-to-understand Word or Sentence Articulation Total Score, which has a direct and useful interpretation. Because the Total Scores are based on research that links them to the actual rate of speech sound occurrence in American speech, they express a real sense of how often misarticulated sounds are likely to occur in the examinee's everyday speech and what impact those misarticulations are likely to have on overall speech intelligibility. The Word and Sentence Articulation Critical Difference Score provides further information about clinically meaningful differences between articulation in single-word versus connected-speech contexts.

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In addition, standard scores are provided for Word Articulation, Sentence Articulation, and Phonology. Standard scores allow comparison of the examinee's performance to that of a typically developing peer group based on age (and gender, at the younger ages). Severity ranges, confidence intervals, percentile ranks, and test-age equivalent scores further aid clinical interpretation. The Arizona-4 scores include descriptive language that is easily understood by parents and other nonprofessionals.

Expanded guidelines for interpretation cover topics such as extreme scores, item-level analysis, percentage of occurrence of phonological error patterns, and use of the Arizona-4 to measure change over time. Additional qualitative information is available through a variety of supplemental, nonstandardized tasks that help you plan effective treatment for the individual.

The Arizona-4 offers the following scores:

- Total Scores and associated Speech Intelligibility Interpretation Values
- Standard Scores and associated Severity Ranges for level of articulatory and phonological impairment
- Word and Sentence Articulation Critical Difference Score
- Percentage of Occurrence for phonological error patterns
- Percentage of Speech Improvement score for retesting

What's new in the Arizona-4

- Three tests in one assessment: Word Articulation, Sentence Articulation, and Phonology
- All-new normative data
- Extension of the standardized age range to 21 years, 11 months, with guidance for describing and understanding the speech of adults of all ages
- Modified scoring system for more effective identification of individuals with speech sound disorders
- Five optional tasks that inform treatment plan development
- Scoring guidance for dialectal variations
- Full-color illustrations that are more engaging for young children
- Digital stimulus images
- FREE online scoring and report generation through the WPS Online Evaluation System (platform.wspublish.com)

Technical Information

The Arizona-4 was standardized on a nationally representative sample of 3,192 children, adolescents, and young adults, aged 1 year, 6 months through 21 years, 11 months. This sample was stratified to match U.S. Census data with respect to gender, race/ethnicity, parents' educational level, and geographic region. A clinical validation sample was also collected, consisting of 50 individuals who had a diagnosis of a speech sound disorder (articulation and/or phonological disorder) and were receiving treatment services. The Arizona-4 has strong internal consistency, test-retest reliability, and interrater reliability, supporting the stability of Arizona-4 results within tests, over time, and across examiners.

Several studies provide validity evidence supporting the Arizona-4. The Arizona-4 scores show the expected progression of development for speech sound mastery as well as the expected mastery ages for specific target sounds and phonological error patterns, providing evidence that the Arizona-4 adequately captures speech sound development. Validity evidence also includes correlations with scores of other established measures of articulation and phonology. A clinical study supports the ability of the Arizona-4 to distinguish those who have clinically diagnosed speech sound disorders from those who do not. These results indicate excellent sensitivity and specificity, as well as positive and negative predictive value, for the Arizona-4 tests.

COMPLETE ARIZONA-4 KIT INCLUDES: Examiner's Manual, Easel, 25 Print Phonology Coding Forms, and 25 Word/Sentence Articulation Record Forms.

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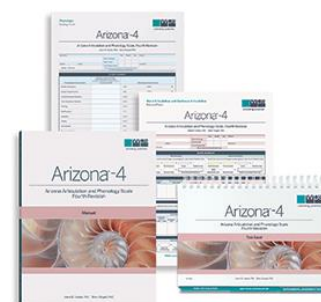
RT275-11-078

R 20,697.60

Arizona-4: Arizona Articulation and Phonology

Scale-Fourth Edition

PEI14723



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Specializing in Medical, Occupational Therapy and Physiotherapy Products

RT275-11-080

R 13,840.20

HAPP-3: Hodson Assessment of Phonological Patterns-Third Edition

PEI11550

Barbara Williams Hodson



- Test Level: B
- Format: KIT
- **Ages:** 2 years to any age (if intelligibility is an issue); Normative data provided for Ages 3-0 to 8-0
- **Testing Time:** 15-20 minutes (comprehensive); 2-5 minutes (screening)
- **Administration:** Individual
- The third edition (formerly APP-R) is now norm-referenced as well as criterion-referenced.
- The HAPP-3 stimulus words and transcriptions have been "internationalized."
- Two screening components are included--Multisyllabic words and Preschool.

- Objects that conform to the choke-proof guidelines recognized by the U.S. Consumer Product Safety Commission are now included in the HAPP-3 kit.

The Hodson Assessment of Phonological Patterns—Third Edition (HAPP-3; Hodson, 2004) is a valid, reliable, standardized test that is norm-referenced and also criterion-referenced. The HAPP-3, as well as its predecessors (APP, 1980; APP-R, 1986), was designed for children with highly unintelligible speech. Some major improvements include:

- provision of normative data and technical information,
- stimulus words and phonetic transcriptions that have been updated and internationalized, and
- comprehensive evaluation analysis forms that are larger and "user friendly."

The HAPP-3 Comprehensive Phonological Evaluation can be administered in less than 20 minutes. Objects and a few pictures are used to elicit 50 stimulus words. HAPP-3 results are used for

- coding and categorizing phonological deviations,
- determining severity intervals/ratings (mild, moderate, severe, profound) along a continuum,
- identifying major phonological patterns that need to be targeted (for goal statement), and
- obtaining scores for documenting treatment effects over time (for evidence-based practice).

The Comprehensive Phonological Evaluation Record Form provides spaces for

- summarizing analysis results,
- specifying consonant and vowel inventories,
- reporting stimulability information,
- determining the severity rating, and
- writing a goal statement.

Two screening tools also are included (12 stimulus words for each). The child's productions are transcribed, analyzed, and summarized on either the Preschool Phonological Screening Record Form (for children 2 years of age and older) or the Multisyllabic Word Screening Record Form (for students 8 years of age and older). The screening instruments, which can be administered in less than 5 minutes, yield results that help the examiner determine whether further testing is needed.

The Examiner's Manual includes explicit instructions for administering and analyzing the HAPP-3. Examples of the deviations are provided, and coding instructions are explained thoroughly. The manual also includes a chapter about phonological intervention principles and procedures. Tables for converting Raw Scores to Ability Scores and Percentiles (to qualify a child for treatment services when required) are in an Appendix.

COMPLETE HAPP-3 KIT INCLUDES: *Examiner's Manual, 25 Comprehensive Phonological Evaluation Record Forms, 25 Major Phonological Deviations Analysis Forms, 25 Substitutions and Other Strategies Analysis Forms, 50 Preschool Phonological Screening Record Forms, 50 Multisyllabic Word Screening Record Forms, 1 Multisyllabic Word Screening Picture Sheet, 30-piece Object Kit, and 13 Picture Cards, all in a storage box.* ©2004

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RT275-11-081

R 13,200.00

PAT-3: Photo Articulation Test-Third Edition

PEI8370

Barbara A. Lipcke • Stanley E. Dickey • John W. Selmar • Anton L. Soder

- Test Level: B
- Format: KIT
- Ages: 3-0 through 8-11
- Testing Time: 20 minutes
- Administration: Individual

The *Photo Articulation Test- Third Edition (PAT-3)* is a completely revised edition of the popular *Photo Articulation Test*. It meets the nationally recognized need for a standardized way to document the presence of articulation errors. The PAT-3 enables the clinician to rapidly and accurately assess and interpret articulation errors. The test consists of 72 color photographs (9 photos on each of eight sheets). The first 69 photos test consonants and all but one vowel and one diphthong. The remaining 3 pictures test connected speech and the remaining vowel and diphthong. A deck of the same 72 color photographs, each on a separate card, is provided for further diagnosis and may be used in speech-language remediation.



To administer the PAT-3, the examiner simply points to each consecutively numbered photograph and asks the child, "What is this?" The child's response is scored on the Summary/Response Form to indicate the presence or absence of errors. The elicited sounds are arranged by age of acquisition. The Summary/Response Form groups the sounds by the ages at which 90% of the sample correctly articulated the sounds. All sounds that are tested are written in the international phonetic alphabet. In addition, consonant sounds are differentiated into the initial, medial, and final positions within the stimulus words. The results from the PAT-3 provide the clinician with a straightforward comprehensive view of each student's articulation errors.

Some of the new features of the PAT-3 include full-color photos used to elicit words; stimulus pictures that appeal to students; quick test administration; and easily scored and interpreted test results. The PAT-3 was normed on a large, representative sample. The PAT-3 was standardized in a 23-state sample of more than 800 public and private school students in prekindergarten through Grade 4. The students have the same characteristics as those reported in the 1997 *Statistical Abstract of the United States*. Percentiles, standard scores, and age equivalents are provided. Internal consistency, test-retest, and interscorer reliability coefficients approximate .80 at most ages, and many are in the .90s.

Complete PAT-3 Kit includes: *Examiner's Manual, Photo Album Picture Book, Picture Card Deck, and 50 Summary/Response Forms, all in a sturdy storage box.*

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RT275-11-082

R11,800.00

TOCS: Test of Childhood Stuttering

PEI12200

Ronald B. Gillam • Kenneth J. Logan • Nils A. Pearson

- Product Number:
- Test Level: B
- Format: KIT
- Weight: 3 lbs. 8 oz.

Ages: 4 through 12 years

Testing Time: 20 to 30 minutes

Administration: Individual

The *Test of Childhood Stuttering (TOCS)* provides clinicians and researchers with a sound method for assessing speech fluency skills and stuttering-related behaviors in children 4 through 12 years of age. Its main purposes are to (1) identify children who stutter, (2) determine the severity of a child's stuttering, and (3) document changes in a child's fluency functioning over time. It can also be used as a tool in research on childhood stuttering. The *TOCS* is comprised of three major components:



The Standardized Speech Fluency Measure

Four speech fluency tasks are used to identify children who stutter and rate the severity of their stuttering.

- **Rapid Picture Naming**—Children are to name a series of 40 pictures as quickly as possible. This determines how fluently children produce single words in a time-stressed context.
- **Modeled Sentences**—Children are shown two pictures, side-by-side, differing in one important detail. The examiner says a sentence about one of the pictures. Children are to produce sentences that contain the same syntactic structure as the sentence the examiner has modeled. This evaluates children's ability to speak fluently in a context in which sentences that vary in syntactic complexity must be formulated and then spoken.
- **Structured Conversation**—Children are asked to answer open-ended questions about a sequence of eight pictures. This evaluates children's ability to speak fluently in a dialogue context.
- **Narration**—Children are to generate a story that is based on the picture cards used in "Structured Conversation." This assesses children's ability to speak fluently in a monologue context.

The Observational Rating Scales

The Speech Fluency Rating Scale and the Disfluency-Related Consequences Rating Scale enable the examiner to gather information about stuttering and related behaviors from parents, teachers, and other individuals who have known the child for an extended period of time.

The Supplemental Clinical Assessment

Eight supplementary fluency-related assessments enable examiners to probe disfluency-related data in greater detail:

1. clinical interviews,
2. comprehensive analysis of disfluency frequency and types,
3. speech rate analysis,
4. disfluency duration analysis,
5. repetition length analysis,
6. associated behavior analysis,
7. stuttering frequency analysis, and
8. speech naturalness analysis.

Complete TOCS Kit Includes: Examiner's Manual, Picture Book, 25 Examiner Record Booklet, and 25 Observational Rating Scale, all in a sturdy storage box. ©2009

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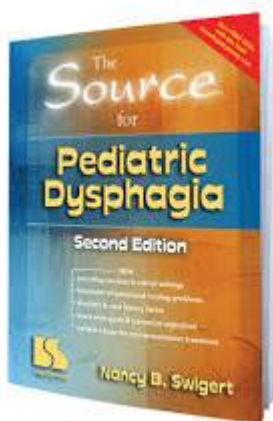
RT275-11-103

R2,800.00

The Source® for Pediatric Dysphagia-Second Edition

PEI31739

Nancy B. Swigert



Ages: Birth-18

Grades: Birth-Adult

Updated and expanded evaluation tools and goals help organize your treatment. Whether you are new to the subject area or a veteran, you'll find information you need to practice effectively. Here's a sampling of the content:

- **anatomy and physiology**—nutritive vs. non-nutritive suckling, reflexes and what they mean, normal development of feeding and self-feeding skills, and more
- **clinical evaluation**—differential diagnosis of feeding disorders, completing a case history, example evaluations, and more
- **instrumentation**—administration and analyses of FEES and MBS, radiation safety, monitoring of the infant's/child's response, and more
- **treatment**—treatment of problems associated with abnormal tone, sensation, and motor learning; behavior-based dysphagia; children who are NPO; and more
- **managing dysphagia in the school setting**—establishing a dysphagia team, reimbursement, developing IEPs and individual health services plans, and more
- **treatment of infants**—facilitating infant response, understanding distress signals and state of alertness, breastfeeding, and more

This book comes with an additional 51 printable pages of therapy tools:

- case history form
- evaluation forms individualized by these age groups:
 - 0-4months
 - 4 months-5 years
 - 5-18 years
 -
- in-service guide on dysphagia in school-age children
- educational handouts
- observation forms
- questionnaire for children with severe drooling
- tips for developing good mealtime behaviors

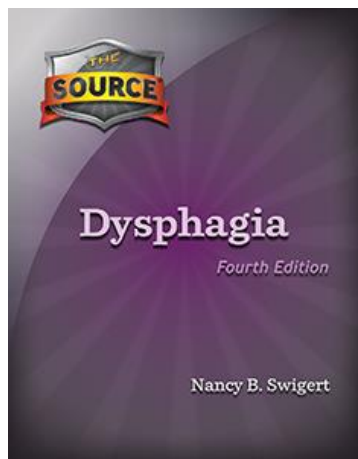
RT275-11-104

R3,270.00

The Source: Dysphagia—Fourth Edition

PEI31747

Nancy B. Swigert



- ISBN978-1-416-41161-1 **NEW!**

Ages: Adult

This best-selling book is a practical resource that gives you an evidence-based working knowledge of the evaluation and treatment of dysphagia plus tools to organize your dysphagia services. *The Source®: Dysphagia—Fourth Edition* is filled with need-to-know information and patient/staff education materials that busy clinicians can use every day!

The chapters in the book cover:

- Preparing for a Patient Assessment
- Screenings and Bedside or Clinical Evaluations

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- Instrumental Assessment of Swallowing
- Dysphagia Treatment: Theoretical Basis, Planning, and Implementing
- Documentation of Dysphagia Treatment
- Special Considerations in Critical Care
- Ethics and Decision Making in Dysphagia Management: Palliative and Hospice Care
- Education and Advocacy
- Reimbursement: Coding and Documenting Dysphagia Services
- Practicing From an Evidence Base

The fourth edition provides current information about evaluation and treatment, with particular attention to updating evidence for treatment techniques. Most chapters contain significant revisions, such as the following:

- Additional information about what to know before you evaluate a patient, including information on oral hygiene, staging of disease, and standardized questionnaires
- Validated screening tools and screening different populations
- Streamlined clinical swallow evaluation toll in two formats, each including cranial nerve assessment
- Helpful chart for interpreting findings, not only on VSS, but a new chart for FEES
- Information on the ICF and importance of keeping a focus on function in treatment planning
- Helpful chart on matching treatment techniques to the impaired physiology
- Revised long-term and short-term goals and treatment objectives based on current evidence
- Background information on principles of neuroplasticity and motor learning
- New handouts on the SLP's role in palliative care and end-of-life decision making and the ethical challenges encountered with the end of life
- Information about the International Dysphagia Diet Standardization Initiative (IDDSI)
- Updated reference list and a reference list organized by treatment technique

The book comes with online access to additional printable pages of therapy materials in PDF format, including case examples, patient/family education materials, evaluation and referral forms, efficacy references, and sample letters to physicians.
256 pages • 8.5" x 11" • softcover • ©2019

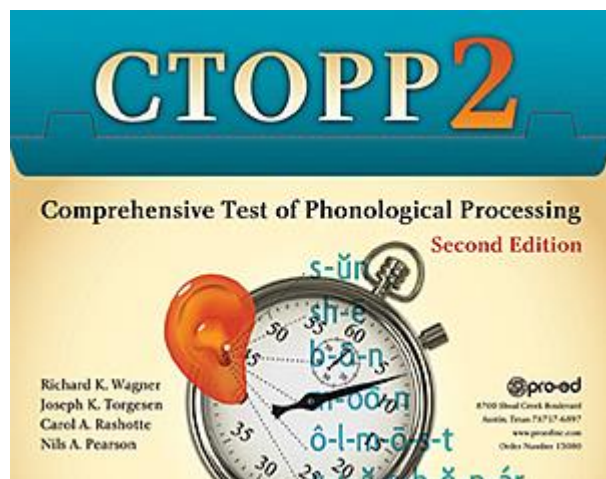
RT275-11-107

R20,340.00

CTOPP-2: Comprehensive Test of Phonological Processing-Second Edition

PEI13080

Richard K. Wagner • Joseph K. Torgesen • Carol A. Rashotte • Nils A. Pearson



Ages: 4-0 through 24-11

Testing Time: 40 minutes

Administration: Individual

The *Comprehensive Test of Phonological Processing* (CTOPP) was published in 1999 to meet the need for an assessment of reading-related phonological processing skills. Since its initial publication, the CTOPP has been popular with professionals in psychology and education. It has been used in many studies of reading and phonological processing in both typical and clinical populations. The extent of its widespread adoption and usage is evident from the results of a recent search of the PsychInfo database for research studies using the terms *Comprehensive Test of Phonological Processing* or CTOPP. The query returned 4,287 results.

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Characteristics of the CTOPP-2

All new normative data were collected in 2008 and 2009. The test was normed on 1,900 individuals ranging in age from 6 through 24 years. The demographic characteristics of the sample conform to those of the population reported in the Statistical Abstract of the United States, and are, therefore, representative of the U.S. population. The floor effects present in the 5- and 6-year-old version of the first edition have been eliminated by the addition of easier items and the ceilings were extended by the addition of more difficult items. The results of the item additions were so successful that it now is appropriate to administer the CTOPP-2 to 4-year-olds. The lower version of the CTOPP-2 now covers the 4- to 6-year-old range. A new phonological awareness subtest called Phoneme Isolation was added. The model of phonological processing abilities was clarified. Confirmatory factor analyses were carried out and justified the presence of rapid naming subtests on a test of phonological processing. The model for 4- to 6-year-old range was revised by adding rapid naming of digits and letters to this version, and reporting scores on both symbolic and non-symbolic rapid naming at this level.

Uses of the CTOPP-2

The CTOPP-2 has four principal uses: (1) to identify individuals who are significantly below their peers in important phonological abilities, (2) to determine strengths and weaknesses among developed phonological processes, (3) to document individuals' progress in phonological processing as a consequence of special intervention programs, and (4) to serve as a measurement device in research studies investigating phonological processing.

CTOPP-2 Subtests

1. Elision measures the ability to remove phonological segments from spoken words to form other words.
2. Blending Words measures the ability to synthesize sounds to form words.
3. Sound Matching measures the ability to select words with the same initial and final sounds.
4. Phoneme Isolation measures the ability to isolate individual sounds within words.
5. Blending Nonwords measures the ability to synthesize sounds to form nonwords.
6. Segmenting Nonwords measures the ability to segment nonwords into phonemes.
7. Memory for Digits measures the ability to repeat numbers accurately.
8. Nonword Repetition measures the ability to repeat nonwords accurately.
9. Rapid Digit Naming measures the ability to rapidly name numbers.
10. Rapid Letter Naming measures the ability to rapidly name letters.
11. Rapid Color Naming measures the ability to rapidly name colors.
12. Rapid Object Naming measures the ability to rapidly name objects.

CTOPP-2 Composites

Phonological Awareness Composite Score (PACS) comprises the standard scores of three subtests-Elision, Blending Words, and Sound Matching-for 4 through 6 year olds, and Elision, Blending Words, and Phoneme Isolation for 7 through 24 year olds. The PACS represents the examinee's awareness of and access to the phonological structure of oral language. Phonological Memory Composite Score (PMCS) comprises the standard scores of two subtests -Memory for Digits and Nonword Repetition-for all individuals. The PMCS represents the examinee's ability to code information phonologically for temporary storage in working or short-term memory. The Rapid Symbolic Naming Composite Score (RSNCS) comprises the standard scores of two subtests-Rapid Digit Naming and Rapid Letter Naming-for all individuals. The RSNCS measures the examinee's ability to include efficient retrieval of phonological information from long-term or permanent memory and execute a sequence of operations quickly and repeatedly. Rapid Non-Symbolic Naming Composite Score (RNNCS) comprises the standard scores of two subtests-Rapid Color Naming and Rapid Object Naming and offers an alternative for young children, ages 4 through 6 year olds, not familiar with letters and numbers. The RNNCS measures the examinee's ability to include efficient retrieval of phonological information from long-term or permanent memory and executing a sequence of operations quickly and repeatedly using objects and colors. The Alternate Phonological Awareness Composite Score (APACS), an alternate composite for measuring phonological awareness is available for 7 through 24 year olds. It is formed by combining the scaled scores from Blending Nonwords and Segmenting Nonwords. The APACS measures the examinee's phonological awareness exclusively with nonwords.

Scores Available

The CTOPP-2 yields six types of normative scores: age equivalents, grade equivalents, percentile ranks, subtest scaled scores, composite indexes, and developmental scores. Percentile ranks are easily understood by parents and others with whom the

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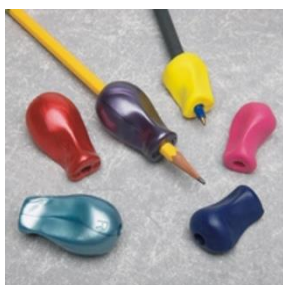
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examiner might want to share the results. Subtest scaled scores have a mean of 10 and a standard deviation of 3. The composite score indexes have a mean of 100 and a standard deviation of 15. Age and grade equivalents show the relative standing of individuals' scores. A new Rasch-based developmental score is now available for the non-speeded subtests.

Statistical Characteristics

Reliability of the CTOPP-2 subtests and composites was demonstrated by average internal consistency coefficients presented for the subtests that exceed .80 for all except Nonword Repetition with an average alpha of .77. The average internal consistency coefficients for the composites were all .85 or higher, a highly desirable level for reliability. Validity of the CTOPP-2 subtests and composites was demonstrated by correlations to measures directly related to the constructs measured by the CTOPP-2. The averaged coefficients for the subtests range from .49 (moderate) to .84 (very large); those for the composites range from .65 (large) to .76 (very large) in magnitude.

COMPLETE CTOPP-2 KIT INCLUDES: *Examiner's Manual, 25 Examiner Record Booklets for ages 4 through 6, 25 Examiner Record Booklets for ages 7 through 24, Picture Book, and online access to supplemental material, all in a sturdy storage box. (© 2013)*



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The Early Intervention Kit

PEI37615

Nancy B. Swigert



- ISBN978-0-760-69984-3
- Format: CARDS

Ages: Birth - 3

This favourite of SLPs who provide birth to three services has the essential information and tools for successful early intervention services. Effectively address assessment, intervention, and documentation for pre-linguistic skills, speech and language development, and sound production. *The Early Intervention Kit* includes:

183-page Therapy Guide

Information on assessment, goals, treatment, and documentation including these helps specific to early intervention:

187-page Activities Book

More than 200 activities address prelinguistic skills, receptive language, expressive language, and sound production in a developmental sequence, as well as printable educational handouts to supplement teaching. Each activity includes:

88 Sign Language Cards

To see more of this product's contents:

COMPLETE KIT INCLUDES: 183-page therapy guide, 187-page activities book plus numerous printable pages, 88 sign language cards, vinyl folder. (©2004)

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