**ALL INDIA INSTITUTE OF SPEECH AND HEARING**



**MYSORE - 570 006**

**DEPARTMENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - PROCESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Policy &Objective : To provide Appropriate Diagnostic assessment processes for persons with communication Disorders across all ages**
2. **Scope :Speech Language Hearing disorders,**
3. **Organization Chart and Roles &Responsibilities :**
4. **Abbreviations :**

|  |  |  |
| --- | --- | --- |
| Sl No | Abbreviation | Description |
| 01 | HOD |  |
|  | PG |  |
|  | UG |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Definitions:**
2. **Resources and Infrastructure :**
3. **Acceptance Criteria**

1. **Process/Activity Flow chart**

|  |  |  |
| --- | --- | --- |
| **Input ( For Childrens )** | **Process/Activity** | **Output** |
| **Registered client** | **Evaluation of the Client** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Input ( For Adults )** | **Process/Activity** | **Output** |
| **Registered client** | **Evaluation of the Client** | Diagnosis |
|  |  |  |
|  |  |  |
| **Input ( For Geriatrics )** | **Process/Activity** | **Output** |
| **Registered client** | **Evaluation of the Client** |  |
|  |  |  |

1. **Procedure :**

1. **Measures of Performance :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No** | **Process measurement** | **Data** | **Frequency of review** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Reference :**

Q. Manual –

|  |  |  |
| --- | --- | --- |
|  | Document Description | Doc reference |
| 01 | Protocol for Paedtrics |  |
| 02 | Protocol for Adults |  |
| 03 | Protocol for Geriatrics |  |
| 04 |  |  |
| 05 |  |  |
| 06 |  |  |
| 07 |  |  |