

Name: _____

Date: _____

Infant Oral Assessment Checklist

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Lingual and oral assessment (check all that apply)

Assessment Item	Poor	Moderate	Normal	Notes
Lateralization				
Extension				
Elevation				
Cupping				
Peristalsis				
Lingual strength				
Buccal strength				
Lip tone/strength				
Jaw tension				
Jaw movement				
Other:				

Lingual frenulum classification (Corrylos, Genna, Salloum system), check which applies:

- Type 1: attachment of frenulum to tongue tip
- Type 2: 2-4 mm behind tongue tip
- Type 3: attachment of frenulum to mid tongue
- Type 4: attachment at the base of the tongue

Maxillary labial frenulum

Assessment Item	Poor	Moderate	Normal
Ability to flange upwards			
Tension of frenulum with elevation			
Other:			

Maxillary labial frenulum classification (Kotlow system), check which applies:

- Type 1: normal attachment
- Type 2: frenum inserts at the zone of the free and attached gingival tissue
- Type 3: frenum inserts at the zone between the area of the future central incisors
- Type 4: frenum inserts at the zone extending into the anterior palatal area

Misc. frenula assessment notes (buccal, inferior mandibular):

Palate notes: (shape, suture ridge buckling, soft palate tone, patency):

Facial symmetry notes:

Overall structural notes:

Other: