TESTS OF **ARTICULATION IN KANNADA**

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Uptil now no articulation tests, standardized or otherwise, are available in Kannada. Articulation tests such as that of Templin-Darley's and Milisen's are available in English, but they cannot be used with people who speak languages other than English. There is a dire necessity of standardized articulation tests in all languages as shown by the results of the following study. A nation-wide survey of Public School Speech Clinicians in U.S. conducted by W. Johnson *et al.*, in 1952 showed that 90.5 per cent of the total case load have articulation problems. So we are presenting two procedures for describing and assessing an individual's articulation patterns.

Articulation Test: Traditionally an articulation test has been defined as a "technique employed to measure the general phonemic capacity of the individual" (Van Riper and Irwin, 1958). However, articulation tests can be used in a variety of ways; (a) to determine phonemic proficiency; (b) for purposes of screening, (c) for diagnosis, (d) to assess developmental progress, (e) for prediction and (f) to test for programming (Winitz, 1969). Our articulation tests are mainly intended to be used for screening and diagnosing purposes.

Screening Articulation Test: "A screening test is used frequently in speech surveys or other initial contacts with children to detect those who need speech correction because their articulation is inadequate for their age. It need test only those sounds and sound combinations which are associated with significant progress in the development of articulation". [Templin and Parley (1960) as quoted by Johnson *etal.* (1963) (P. 84J Also "when an articulatory test is used to provide a comparison of a child's articulatory performance with that of his peers, it is referred to as a screening test. The child's total articulation-score, irrespective of specific errors, is first determined. This score is then compared with a cut-off score which separates adequate from inadequate performance" Winitz (1969).

Diagnostic Articulation Test: "Such a tesfmay be used in deciding whether a child needs speech correction, but more frequently, it is used with children already identified as having articulatory problems to aid in prescribing the nature of speech correction. It provides detailed information about a child's ability to produce a wide range of speech sounds in a variety of positions and phonetic contexts" [Templin and Darley (1960) as quoted by Johnson *et ai.* (1963)]. They also have suggested that the diagnostic tests may be used in the following ways:

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(a) "to compare the individual's results with the norm,

(b) to analyze the error types (omissions, substitutions and distortions),

(c) to determine consistency of mis-articulation,

(d) to determine whether errors are corrected when stimulated with the correct production of the sound,

(e) to determine resistance to training as shown by those sounds most consistently erred,

(f) to identify those factors related to the mis-articulations (such as distinctive features of errors which are common to several phonemes), and

(g) to determine the relation between sound errors on the test and sound errors in connected speech".

Population for whom these tests are intended: Both these tests have been constructed for people of all ages from three years up and above. At the time this paper is going to press cut-off scores for all ages could not be finalized. We are going to make these norms available very soon. However, norms for the screening tests for children of 6, 7, 8 and 9 years of age, are given in Table 1. Our findings showed that by eight years essentially mature articulation of speech sounds has been attained and also that these two tests can be used with all people above three years of age.

The Speech sample: As in any other type of speech test, a sample of speech is necessary in a test of articulation. Some of the several methods in which a speech sample may be obtained are (1) Conversation, (2) Reading words, sentences or paragraphs, (3) using pictures and (4) Repeat after you Words, etc. After examining the merits and demerits of these and other methods, we decided to use the pictures and reading paragraphs to elicit speech. "When using pictures we no longer need to prompt and thereby spoil the spontaneous speech with the effect of verbal stimulation" (Van Ripar, 1958). ft is also appropriate here to refer to a study made by Milisen *et al.* in 1954. The study revealed that, of the picture and oral tests the picture, and not the oral, test should be preferred when testing the articulation of children.

Construction of the Tests: The words used in these tests were obtained in the following way. Initially a list of 400 frequently used words (having all phonemes in all naturally occurring positions in Kannada) that are picturable were selected. While selecting the wores we also made sure that they are (1) familiar, (2) easily picturable, (3) unambiguous and (4) elicit a single response. Then this list is administered to 200 school going children. (Boys and girls are almost equal in number). Their ages range from three to sixteen years and Kannada is their mother tongue. AH the schools from which these children were chosen cater for the people of middle class socio-economic status. The children were asked to indicate by a check mark (V) whether they consider a word familiar or unfamiliar. Instructions are given to the children before administering the list, for familiarity, making it clear that it is not a test of their intelligence or performance. The words are then ranked for familiarity. The

criteria for familiarity of a word is that 75% of our population should consider it *as* familiar before it is included in the final list. This comprised our final list from which words are selected for the screening and the diagnostic tests.

Black and white line drawings are drawn for all these words. These pictures are also tested for familiarity. While drawing the pictures care is taken to see that (1) they are simple, (2) clear in detail, (3) they are not ambiguous, and (4) do not contain several items of interest or represent a complex and possibly confusing collection of things in the same picture, thus providing distractions from the one item to which a response is desired. Though we are aware that coloured pictures are to be preferred to black and white, we settled on black and white ones for economic reasons in getting these printed.

Materials comprising the test

1. *Screening Test*: The test consists of 54 cards (including 23 pictures in Part-II of the test) of convenient size (6x4 cm), each of which carry one picture. Each picture is designed to elicit a given sound as a single or one blend, each in one position. The items to be tested by these pictures are given in Form A. (Appendix)

It was shown in earlier studies by Templin *et al.,* (I960) "In order to obtain a satisfactory evaluation of general articulation achievement it is not necessary to examine all sounds in a language, but only those which are associated with significant progress in articulation development". For this reason, only selected phonemes are tested in the screening test. Order of presentation of these phonemes is based upon a relative order in which similar phonemes in English are mastered. Vowels are not included, "since these are generally uttered correctly by the end of the second year and are correctly used in words a short time thereafter" (Templin, 1960). We have used the developmental sequences in English because these have yet to be studied in Kannada. We have also taken support in the hypothesis of universals in language and an account of universalities in the acquisition of language skills (Jacobsen and Halle, 1956).

2. *Diagnostic Test:* This test consists of 112 cards (including 50 pictures in Part-II of the Test) of convenient size (6x4 cm) each of which carry one picture. Each picture is designed to elicit a given sound as a single phoneme or one blend, each in one position. The items to be tested by these pictures are given in Form B (Appendix). All consonants are tested in all initial and medial positions in which they occur naturally. Occurrence of a consonant in the final position is not a feature found in Kannada words. All vowels are tested in the initial position only because the medial and final towels are influenced to a greater extent by the consonants preceding them.

A reading passage is included in both these tests because this technique, in as much as the speech is in context, gives a more representative sample of the actual speech of the subject.

key for each picture: On **the** face of each card there is **a** picture to elicit **the appropriate word. On the back of** each card the following **entries** are made.

(1) The number of the card

(2) The phonetic symbol or symbols to be tested, and

(3) The word or words which the picture is designed to elicit.

Administration of the tests : Both the screening and diagnostic articulation tests consist of four parts each and are administered in the following order. (Please refer Form A and Form B for the details of these tests.)

Part-I All the single phonemes to be tested,

Part-II Alternatives for all the above phonemes. Only such of those phonemes misarticulated in Part—I are tested in Part II,

Part-III Blends to be tested (blends are tested, generally, in one position only because of the difficulty encountered in finding picturable words with blends), and

Part—IV A reading passage (Passage is administered to those people who can read only).

Though inclusion of Part—II has increased the time taken for administration of the complete test, we feel that its inclusion is justified on the basis that it will tell us about the consistency of misarticulations and reduce the errors due to misclassification of mispronounciations as misarticulations.

A story form, rather than disconnected sentences, is chosen as reading material in Part—IV because of its greater appeal to children. Factors considered in the construction of passages for screening as well as diagnostic tests are:

(1) the inclusion of a wide variety of speech sounds with emphasis on those sounds which occur most often and those sounds which are most often defective, and

(2) rapidity in administration.

Passage for Screening Test: All the phonemes in Kannada are included excepting for the aspirated ones. Aspirated phonemes are not tested because they are relatively less used by children. The passage is selected for readability by elementary school children. The completed word passage appears as shown in Form A.

Passage for diagnostic test: All phonemes in Kannada including the aspirated ones are present in the reading passage. The complete 48 word passage appears as shown in Form B. The passages in final form will be presented in large type.

Forms for recording and analyzing results of articulation tests

Form A and Form B are the standard forms for recording the results of the screening articulation test and the diagnostic articulation test respectively. On the records sheet of the articulation test form space is provided after each item for recording the subject's responses. The three common types of errors noticed are defined by us as follows:

(1) Omission : When the intended sound is not heard by the examiner,

(2) Substitution: When the sound produced by the subject is not recognised as intended but is recognizable as another sound in the phonemic inventory of the listener, and

(3) Distortion: When the intended sound is not recognizable as a sound belonging to the phonemic inventory of the listener.

The entries are made on the articulation test form, for each vowel and consonant. Omissions, substitutions and distortions made and the general level of intelligibility of speech are noted while the subject is reading the passage.

Analyzing: An analysis indicates patterns with in the speaker's articulation responses, from which cues may be derived for the planning and implementation of a speech correction programme. There are three main steps to be carried out: (1) comparing the speaker's performance with appropriate norms, (2) analyzing the misarticulations with regard to type of error, consistency of the error, and (3) looking for any possible common factors related to the patterns of misarticulations observed.

Analysis is accomplished by comparison with norms. Norms for the screening test for children of 6 years and above are given in Table 1.

TABLE 1

Cut-off scores on Screening articulation test for children of ages 6 through 9

Sl. No.	Age in years	No. of children tested	Cut-off score (Mean)	S.D.
1.	6	34	5	1.9
2.	7	39	3	1.5
3.	8	37	2	1.6
4.	9	31	1	1.6

Grouping by types: All the articulation errors are grouped into omissions, substitutions and distortions. The data by Roe and Milisen (1924); Snow and Milisen (1954) and Templin *et al,* (1957) suggest that children who have difficulty in articulation may progress from errors of the omission type to substitution errors and then to distortion errors on their way toward mastery of the speech sounds. It is important, then, to determine the sounds on which the child makes errors and the type of error he is making on these sounds. Analysis of a child's errors according to this system indicates something of the severity of his problem and helps in deciding on what sounds to begin working in therapy.

Search for patterns: At the conclusion of the test, the subject's performance is reviewed in a search for patterns among the errors noted.

(1) The types of distortion errors noted in articulation of the consonant sounds during the test,

(2) Any omissions, substituttions and distortions noted in connected speech that were not apparent in the speaker's pronunciation of single words in the articulation test.

(3) Significant features of the testing situation and of the behaviour of the speakers tested.

Validity : Content validity is already obtained for both the tests by testing the words for familiarity, picturability and ambiguity. The pictures and the passages are also tested for familiarity. However, Predictive validity is yet to be obtained. The screening test and the diagnostic test are administered to both children and adults (N = 30) in the age range of 8 to 25 years and the results of the screening test are validated against the diagnostic test. The test is finalized only after a series of eliminations of pictures and sometimes even words which did not elicit appropriate responses by even as few as 10 per cent of the normals (above 8 years of age and of both sexes). The replaced words and pictures also underwent this procedure. This is continued uptil only 5 per cent or less of the normal population gave responses other than the desired ones.

Limitations of these tests

(A) *Screening tests:* Uusfulness of the screening tests is limited because of the following reasons:

1. Many children have a single 'Consistent' error (e.g. w/r) and require intensive instruction. It seems unreasonable to select a child for articulatory instruction on the basis of his 'total' sound errors.

2. It seems unreasonable to select a child for articulatory instruction which he may improve without speech correction.

Winitz (1969) suggests that the results of the screening test used along with other criteria mentioned below make the screening test more meaningful:

(a) level of developmental achievement of phoneme contrast,

(b) level of articulatory performance necessary for beginning school,

(c) parental concern if displayed, and

(d) knowledge as to whether the sound will be corrected by the child himself.

(B) *Diagnostic test:* "An ideal articulation test should provide information for specific and detailed teaching instructions to be programmed" (Winitz, 1969). The present test is not detailed enough to "prescribe the nature of speech correction" and to that extent it is a limitation.

Variables in the tests

Johnson *et al.* (1952) have attributed some of the variables in articulation tests to (1) the subject, and (2) the examiner.

Subject's articulatory performance may vary from time to time and from day to day in relation to his mood, degree of fatigue, interest in communicating, security in the speaking situation, and other factors pertaining to his physical, motivational and emotional conditions.

The examiner fluctuates in how critical he is and how discerningly he listens. Temporal reliability of the examiner is another factor to be considered. At different times the observer listens differently depending upon how hurried he is, or how tired, or what he is tuned to listen for etc. As a careful examiner, then, you will be aware of over interpreting your data and drawing conclusions that are too sweeping or final about what a speaker can or cannot do. Winitz (1969) mentions, in addition to the above, the variables due to the interaction of subject with the examiner.

The child does not only receive stimuli from the examiner but also presents stimuli which may exert some influence over the examiner's behaviour. A child who is unresponsive to taciturn may elicit different responses from an examiner than one who is quite responsive and talkative. Similarly, children with gross physical anomalies may encourage different behaviour from the examiner than do more attractive children.

Milisen (1954) suggests, "the administration of the test requires the examiner to keep the child so interested that speech responses are made 'spontaneously' and without embarrasment. For the most part the examiner should not talk about 'testing' the child.

In Form B, for items 12A and 38 A no words are given for want of suitable words. As/ṣ/and/ /are not differentiated in Kannada they are treated as only one phoneme.

Discussion: The articulation test forms provide for entries derived from the testing of the single consonant sounds in two positions—initial and medial. We are aware that the traditional concept of initial, medial and final positions of consonants in words is artificial—an artifact growing out of orthography in disregard of the dynamics of speech production. We are also aware that a more meaningful phonetic analysis would be one related to the findings of Stetson (1951) who showed that the syllable is "the smallest indivisable phonetic unit". Consonants are properly understood, then, as serving a relating function, initiating the syllable pulse, or an arresting function, bringing the syllable pulse to a close. Inspite of our conviction that this classification of consonants is more msaningful and descriptive of the dynamics of speech or spoken, we have retained the traditional classification of consonants with regard to their position in the written word—initial and medial—in the articulation testing. We have to do so because, (1) we started with the idea of eliciting the speech sample mainly using pictures. Eliciting only syllables as such is not possible if we use pictures, and (2) in the case of children at least, as they use words in isolation, this classification is to initial, medial and final positions holds good.

It is well to mention here the effects of coarticulation. A consonant may be affected by another one either immediately preceding it or one which is three to four syllables separated from it. In grouping and analysing the responses it will be helpful if we remember how coarticulation might have effected the given response. Vowels are not included in the screening test because they are found to be mastered by the

end of two years, as evidenced by several studies in English. Vowels are not tested in the medial and final positions in the diagnostic test because there is a tendency in Kannada speakers to round off vowels in those positions.

A reading passage is included in the testa because it approximates most to the running speech. Also some children who can manage to articulate at the isolated word level may break down in running speech.

In order that a screening device be most useful a critical or cutting score which separates adequate from inadequate performance must be determined. The cutting scores for the screening test are determined arbitrarily and empirically at each age level.

Ideally cutting scores should be such that the screening and the diagnostic tests agree that articulation is adequate or inadequate. When there is disagreement between the two measures, either some cases needing further study according to their scores on the diagnostic test are not identified by the screening test (false negative) or cases selected by the screening test are found to have satisfactory articulation when the diagnostic articulation test is given (false positives). Since, practically, the ideal of complete agreement between the screening measure and the diagnostic measure are never attained, the cut-off scores are selected in the direction of the higher scores so that more false positive would be identified and fewer cases with poor articulation would be missed. While this means extra work for the tester, it ensures that children needing speech therapy will be more likely to be selected by the screening device.

Research : Some of the areas to be explored in Kannada as well as in other languages are:

(1) A word list should be prepared similar to that of "Thorndike's 30,000 most familiar word list. The lists aid in the construction of many tests.

(2) Studies of the developmental sequence of acquisition of phonemes in Kannada. These should be both cross sectional and longitudinal, for both sexes, and for different socio-economic groups.

(3) Studies regarding sounds often misarticulated.

(4) Levels of developmental achievement of phoneme contrasts.

(5) Also, classification of the various sounds with reference to distinctive features such that entries of misarticulation will give profiles of failures in the acquisition of distinctive features.

Summary : Two articulation tests in Kannada are presented. The relevance and importance of these tests are given and the population for whom these tests are intended are suggested. Details of the construction and description of these tests are given. Methods of administering the tests, and recording and analyzing the responses are mentioned. Then, details of how these tests are validated and what are the limitations of these tests are given. Some of the variables in these tests are examined and suggestions for administering tests are indicated. Finally, some of the areas which should be explored immediately are pointed out.

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Form A—Screening Articulation Test

Speech Record Blank

Name—.....Sex.....**Age**.....

Grade.....School.....

Date.....

Key : Please mark substitutions with Phonemes substituted ; omissions (—) distortions (X)

s.No.	Phoneme to be tested	Card number	Initial Position Check word	Response	Card number	Medical Position Check word	Response	Comments
	Part I							
1	ಡ	1	ಡಬ್ಬಿ		2	ಬ್ಲೇಡು		
2	ದ	3	ದಾಳಿಂಬೆ		4	ಕುದುರೆ		
3	ಗ	5	ಗಡಿಯಾರ		6	ಮೂಗು		
4	ಹ	7	ಹತ್ತು		8	ಸಿಂಹ		
5	ವ	9	ವಿಮಾನ		10	ಬಾವುಟ		
6	ಣ				11	ಗಿಣಿ		
7	ಸ	12	ಸೂರ್ಯ		13	ಬಸ್ಸು		
8	ಶ	14	ಶರ್ಟು		15	ಬ್ರುಷ್		
9	ಯ				16	ರೂಪಾಯಿ		
10	ರ	17	ರೇಡಿಯೊ		18	ಕಾರು		
11	ಳ				19	ಕೋಳಿ		
12	ಚ	20	ಚಮಚ		21	ಬಾಚಣಿಗೆ		
13	ಜ	22	ಜಡೆ		23	ಸೂಜಿ		
	Part II							
14	ಡ	1A	ಡಾಕ್ಟರ್		2A	ಎರಡು		
15	ದ	3A	ದೋಣಿ		4A	ಹದಿನೂರು		
16	ಗ	5A	ಗುಲಾಬಿ		6A	ಬೀಗ		
17	ಹ	7A	ಹಾವು		8A	ಬಾಳೆಹಣ್ಣು		
18	ವ	9A	ವೀಣೆ		10A	ನವಿಲು		
19	ಣ				11A	ಬೀಸಣಿಗೆ		
20	ಸ	12A	ಸೈಕಲ್ಲು		13A	ಮೀಸೆ		
21	ಶ, ಷ	14A	ಶಂಖ		15A	ಗಣೇಶ		
22	ಯ				16A	ಕುಂಬಳಕಾಯಿ		
23	ರ	17A	ರೈಲು		18A	ಸಿಗರೇಟು		
24	ಳ				19A	ಮೊಸಳೆ		
25	ಚ	20A	ಚಾಕು		21A	ಮುಂಚ		
26	ಜ	22A	ಜಿಂಕೆ		23A	ಮುಸುಕಿನ ಜೋಳ		
	Part III							
27	ಸ್ವಾ, ಸ್ವ	24	ಸ್ವಾಂಪು		25	ಪೋಸ್ಟ್ ಬಾಕ್ಸ್		
28	ಸ್ಕೂ, ಸ್ಕಿ	26	ಸ್ಕೂಟರ್		27	ಬಿಸ್ಕಿಟು		
29	ಭ್ರ				28	ಚಂದ್ರ		
30	ರ್ಕ				29	ಕುರ್ಚಿ		
31	ಕ್ರ				30	ಚಕ್ರ		
32	ಕ್ಷಾ				31	ಆಟೊರಿಕ್ಷಾ		

Form B -Diagnostic Articulation Test

Speech Record Blank :

Name.....Sex.....Age.....

Grade.....School.....

Date.....

Key : Please mark substitutions with Phonemes substituted ; omissions (—) distortions (X)

s.No.	Phoneme to be tested	Initial Position			Medial Position			Comments
		Card number	Check word	Response	Card number	Check word	Response	
	Part I							
1	ಅ	1	ಅಳಲು					
2	ಆ	2	ಆನೆ					
3	ಇ	3	ಇಲಿ					
4	ಈ	4	ಈಳಿಗೆವಣೆ					
5	ಉ	6	ಉಂಗುರ					
6	ಊ	6	ಊಟ					
7	ಎ	7	ಎಲೆ					
8	ಏ	8	ಏಳು					
9	ಐ	9	ಐದು					
10	ಒ	10	ಒಂದು					
11	ಓ	11	ಓಲೆ					
12	ಔ	12	ಔಷಧ					
13	ಕ	13	ಕನ್ನಡಕ		14	ಪುಸ್ತಕ		
14	ಗ	15	ಗಡಿಯಾರ		16	ಮೂಗು		
15	ಚ	17	ಚಮಚ		18	ಬಾಚಣಿಗೆ		
16	ಜ	19	ಜಡೆ		20	ಸೂಜಿ		
17	ಟ	21	ಟೋಪಿ		22	ಕಿಟಕಿ		
18	ಡ	23	ಡಬ್ಬಿ		24	ಬ್ಲೇಡು		
19	ಣ				25	ಗಿಣಿ		
20	ತ	26	ತಕ್ಕಡಿ		27	ಕೋತಿ		
21	ದ	28	ದಾಳಿಂಬೆ		29	ಕುದುರೆ		
22	ನ	30	ನಾಯಿ		31	ಜನ್ನಡಿ		
23	ಪ	42	ಪೆನ್ನು		33	ಚಪ್ಪಲಿ		
24	ಬ	34	ಬಾಗಿಲು		35	ಒಂಬತ್ತು		
25	ಮ	36	ಮೂರು		37	ಎಮ್ಮೆ		
26	ಯ	38	ಯಮ		39	ರೂಪಾಯಿ		

27	ರ	40	ರೇಡಿಯೊ	41	ಕಾರು
28	ಲ	42	ಲಾರಿ	43	ಕಾಲು
29	ವ	44	ವಿಮಾನ	45	ಬಾವುಟ
30	ಶ, ಷ	46	ಶರ್ಟು	47	ಬ್ರುಷ್
31	ಸ	48	ಸೂರ್ಯ	49	ಬಸ್ಸು
32	ಹ	50	ಹತ್ತು	51	ಸಿಂಹ
33	ಳ			52	ಕೋಳಿ

Part II

34	ಅ	1A	ಅನಾನಸ್		
35	ಆ	2A	ಆರು		
36	ಇ	3A	ಇಪ್ಪತ್ತು		
37	ಈ	3A	ಈರುಳ್ಳಿ		
38	ಉ	4A	ಉಯ್ಯಾಲೆ		
39	ಊ	5A	ಊದುಬತ್ತಿ		
40	ಎ	7A	ಎಂಟು		
41	ಏ	8A	ಏಣಿ		
42	ಐ	9A	ಐವತ್ತು		
43	ಒ	10A	ಒಂಟೆ		
44	ಓ	11A	ಓಡು		
45	ಕ	13A	ಕಣ್ಣು	14A	ಬಕೆಟ್ಟು
46	ಗ	15A	ಗುಲಾಬಿ	16A	ಬೀಗ
47	ಚ	17A	ಚಾಕು	18A	ಮುಂಚೆ
48	ಜ	19A	ಜಿಂಕೆ	20A	ಮುಸ್ಕಿನ ಜೋಳ
49	ಟ	21A	ಟೆಲಿಫೋನ್	22A	ಇಟ್ಟಿಗೆ
50	ಡ	23A	ಡಾಕ್ಟರ್	24A	ಎರಡು
51	ಣ			26A	ಬೀಸಣಿಗೆ
52	ತ	26A	ತೊಟ್ಟಿಲು	27A	ಕತ್ತರಿ
53	ದ	28A	ದೋಣಿ	29A	ಹದಿಮೂರು
54	ನ	30A	ನಾಲ್ಕು	31A	ಫ್ಯಾನು
55	ಪ	32A	ಪೆನ್ಸಿಲ್	33A	ಗಾಳಿಪಟ
56	ಬ	34A	ಬುಗುರಿ	35A	ಮೋಂಬತ್ತಿ
57	ಮ	36A	ಮೀನು	37A	ಆಮೆ
58	ಯ			39A	ಕುಂಬಳಕಾಯಿ
59	ರ	40A	ರೈಲು	41A	ಸಿಗರೇಟು
60	ಲ	42A	ಲಿಂಗ	43A	ಬಲೂನು
61	ವ	44A	ವೀಣೆ	45A	ನವಿಲು
62	ಶ, ಷ	46A	ಶಂಖ	47A	ಗಣೇಶ

63	ಸ	48A	ಸೈಕಲ್ಲು	49A	ಮೀಸೆ
64	ಹ	50A		51A	ಬಾಳೆಹಣ್ಣು
65	ಳ			52A	ಮೊಸಳೆ
	Part III				
66	ಸ್ಟಾ, ಸ್ಟು	53	ಸ್ಟಾಂಪು	54	ಪೋಸ್ಟುಬಾಕ್ಸ್
67	ಸ್ಕೂ, ಸ್ಕಿ	55	ಸ್ಕೂಟರ್	56	ಬಿಸ್ಕಿಟು
68	ದ್ರ			57	ಚಂದ್ರ
69	ರ್ಚಿ			58	ಕುರ್ಚಿ
70	ಕ್ರ			59	ಚಕ್ರ
71	ಕ್ಷಾ			60	ಆಟೊರಿಕ್ಷಾ
73	ಬ್ಲೇ	61	ಬ್ಲೇಡು		
73	ಸ್ಕೂ	62	ಸ್ಕೂ		

Part IV : Passage for Screening test using all Cuxvants (exclusive of the aspirated) in Kannada

ಬಕ್ಕತಲೆಯ ಮನುಷ್ಯ ಮತ್ತು ನೊಣ

ಒಬ್ಬ ಬಕ್ಕತಲೆಯ ಮನುಷ್ಯನಿದ್ದ. ಬೇಸಿಗೆಯಲ್ಲಿ ಒಂದು ದಿನ ಅವನು ಕೆಲಸಮಾಡಿ ಸಾಕಾಗಿ ಕುಳಿತು ಕೊಂಡ. ಆ ಸಮಯಕ್ಕೆ ಸರಿಯಾಗಿ ಒಂದು ನೊಣ ಬಂದು ಅವನ ನುಣ್ಣನೆಯ ತಲೆಯ ಸುತ್ತ ಹಾರಾಡುತ್ತಾ, ಬಕ್ಕತಲೆಯನ್ನು ಕಚ್ಚಲಾರಂಭಿಸಿತು.

ನೊಣವನ್ನು ಹೊಡೆಯಬೇಕೆಂದು ಅವನು ಕೈಯೆತ್ತಿ ಹೊಡೆದ. ನೊಣ ತಪ್ಪಿಸಿಕೊಂಡಿತು. ಏಟು ಅವನ ತಲೆಗೆ ಬಿತ್ತು. ನೊಣ ತಿರುಗಿ ಬಂತು. ಅವನು ತಿರುಗಿ ಹೊಡೆದ. ಪುನಃ ಅವನ ತಲೆಗೇ ಏಟು ಬಿತ್ತು. ಆಗ ಅವನಿಗೆ ಬುದ್ಧಿ ಬಂತು. "ಕ್ಷುಲ್ಲ ಪ್ರಾಣಿಗಳನ್ನು ಗಮನಿಸುವುದರಿಂದ ನಮಗೇ ಹಾನಿ" ಎಂದುಕೊಂಡ.

Or

ತೋಳ ಮತ್ತು ಆಡು

ಒಂದು ಆಡು ಬೆಟ್ಟದ ನೆತ್ತಿಯಲ್ಲಿ ಮೇಯುತ್ತಿತ್ತು. ಒಂದು ತೋಳ ಅದನ್ನು ನೋಡಿತು. ಅಲ್ಲಿಗೆ ಹೋಗಲು ಅದಕ್ಕೆ ಸಾಧ್ಯವಿರಲಿಲ್ಲ. ಆದು ಆಡನ್ನು ಕುರಿತು—

"ಕೆಳಗೆ ಬಾರಯ್ಯ. ಅಷ್ಟು ಎತ್ತರದಲ್ಲಿದ್ದರೆ ಕಾಲು ಜಾರಿದರೆ ಏನು ಗತಿ ? ಅಲ್ಲವೆ ಇಲ್ಲಿ ಹುಲ್ಲು ಹುಲುಸಾಗಿ ಬೆಳೆದಿವೆ. ಬಹು ರುಚಿಯಾಗಿದೆ." ಎಂದು ಆಮಂತ್ರಣ ನೀಡಿತು.

ಅದಕ್ಕೆ ಆಡು—"ನೀನು ನನ್ನನ್ನು ಕರೆಯುತ್ತಿರುವುದು ನನ್ನ ಊಟಕ್ಕೊ ? ನಿನ್ನ ಭೋಜನಕ್ಕೊ ?"—ಎಂದು ಕೇಳಿತು.

Part IV : Passage using all (Consonants) including the aspirated :

ಸೈಸೂರಿನ ಖಿಡ್ಡಾ ಜಗತ್ ಪ್ರಸಿದ್ಧವಾಗಿದೆ. ಬಹಳ ಜನರು ಅದನ್ನು ವೀಕ್ಷಿಸಲು ಕಾಕನಕೋಟೆಯಲ್ಲಿ ಭಾರಿ ಉತ್ಸಾಹದಿಂದ ಜಣಿಯಾಗುತ್ತಾರೆ. ಫಲದ ಆಸೆಗಳನ್ನು ಹಿಡಿಯುವುದೆ ಅದರ ಉದ್ದೇಶವಲ್ಲ. ಅವುಗಳನ್ನು ತರಬೇತಾದ ಆನೆಗಳಿಂದ ಪಳಗಿಸುವುದೂ ಒಂದು ಮಹತ್ಕಾರ್ಯ. ಈ ಘಟನೆಯನ್ನು ವೀಕ್ಷಿಸುವವರು ಚಕಿತರಾಗುತ್ತಾರೆ. ಎದೆ ಝಲ್ ಎನ್ನುವುದರಲ್ಲಿ ಸಂದೇಹವಿಲ್ಲ. ಖಿಡ್ಡಾದ ಕೆಲಸ ಥಟ್ಟನೆ ಮುಗಿಯುವಂತಹುದಲ್ಲ. ಠಕ್ಕ ಕಾಡಾನೆಗಳನ್ನು ಹಿಡಿಯುವುದು, ಪಳಗಿಸುವುದು ಸಾಮಾನ್ಯವೇನಲ್ಲ.

ಕಾರ್ಯದ ಫಲ ತದನಂತರ ತಿಳಿಯುವದು.