PROFESSIONAL WRITING
in Speech-Language Pathology and Audiology

FOURTH EDITION

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INTRODUCTION

"If you didn't document it, you didn't do it." Competent professional writing is a necessity, not a luxury. Third-party payers such as insurance companies may deny payment if the documentation for professional services is incorrect or incomplete. Medical chart notes, diagnostic evaluations, progress reports, and discharge summaries are all legal documents that may be used in a court of law. The Code of Ethics of the American Speech-Language-Hearing Association (ASHA, effective March 1, 2023) states that individuals shall provide all services competently, and that includes documentation of services rendered.

The authors were motivated to write the present book to address writing problems exhibited by undergraduate and graduate students in communication sciences and disorders (CSD), lax documentation by clinicians, and general slovenliness in professional discourse. Since the third edition was published in 2020, we have figuratively blown our tops at students' overuse of *literally* in conversation, although this trend has not (yet) infected their professional writing. The incorrectly and overly used *random* seems to have been replaced by *rando,* a dubious improvement. In baseball, you are out if you are tagged while off base, so be sure to write *based on*, rather than *based off of*. Lastly, we understand the reasons for accepting a singular form of *they* in spoken discourse but reject its use in professional writing.

The fourth edition includes expanded exercises in response to reviewers who used the third edition and requested more practice opportunities. We think the current version of the book is better suited for instructors who opt for a blended or hybrid format of learning, where instruction may be flipped. That is, classwork may be done at home and homework may be done in the classroom. Of course, we hope that the book will also be useful in a tradition teaching and learning environment.

We updated and expanded our PluralPlus Companion Website resources to include the following:

- sample course curriculum,
- practice material for phonetics,
- template for a journal article critique,
- strategies for writing a clinical hypothesis,
- answer keys for all chapters (for instructors only),
- grading rubric (for instructors only),

and many more resources.

Feedback from the following sources also informed our revisions and additions in the fourth edition:

- Adelphi University's CSD Professional Writing Boot Camp;
- TEFL graduate students at Universidad Pedigogica Nacionale in Bogota, Colombia;
- site visitors from the National Council for Accreditation of Teacher Education programs (NCATE);
- Council on Academic Accreditation (CAA) site visitors who evaluated the consortial (Adelphi, Hofstra, and St. John's Universities) doctor of audiology program (second author, YCS, past program director); and
- CAA site visit teams (including the first author, RG) who evaluated CSD graduate programs at United States colleges and universities, revealing a national concern about the state of professional writing.

In our research for the present book, we have discovered some fine style manuals for research

reports and professional writing as well as workbooks focusing on drill work. In this volume, we hope to provide reasons and explanations for the suggestions we make and to support our claims with relevant professional citations. We do not think our students need to attend "remedial graduate school," nor do we doubt that every CSD student and professional practitioner can learn to write competently. We also think that learning to be a better professional writer does not have to be drudgery and have attempted to leaven our instruction with humor and stories.

Chapter 1 has some material that is new to the fourth edition, including an expansion of English mechanics underlying syntax. The chapter includes information about grammatical classes or parts of speech, sentence structure, syntactic development, and disorders of syntax as well as more exercises targeted to CSD students. We also include a brief history of our professions.

Chapter 2 begins with basic rules of form and ends with general problems of content and composition. We describe language as our favorite toy, where even punctuation can be funny. Other topics include the alphabet soup of abbreviations that we use professionally; the mutability of language, especially among young adult users; and such thorny issues as gender neutrality and cultural differences. There are examples of correct and incorrect forms of usage throughout the chapter as well as exercises at the end that review some of the themes. We have included many exercises and worksheets to address common errors in written expression.

Chapter 3 contains two parts: Evidence-Based Writing and Ethics of Professional Writing. Whereas Chapters 1 and 2 address *how* to write professionally, Chapter 3 is designed to answer the *why* questions, first by going through the stages of writing a journal article and then by addressing the 2023 revised version of the ASHA Code of Ethics. For most readers, the goal is to help them become educated consumers (rather than producers) of research. Others may also find the information useful in preparing a research paper for a course, writing a senior undergraduate project, or even completing a graduate thesis or dissertation.

Chapter 4 provides the student of communication sciences and disorders the *where* and *how* to locate information and published content, from an historical overview to the modern digital era. We also include sections on copyright and plagiarism. There is an extended set of exercises in correct use of the most current version of the American Psychological Association (APA 2020) style manual for referencing.

Chapter 5 has to be long to cover what students need to know to write diagnostic reports. To be an educated consumer of tests and measures, audiologists and speech-language pathologists (SLPs) must understand some research methodology, even if they do not actively produce research. The guidelines for writing diagnostic reports, in the second part of the chapter, include specific instructions and examples for diagnostic protocols and report formats.

Chapter 6 addresses formats for writing therapeutic goals in treatment plans, progress reports in SLP, and audiogram form reports in audiology as well as medical chart notes and professional letters. We review concerns in clinical writing related to terminology, ethics, and software. We take you through the step-by-step process of evaluating background information, incorporating test results, and making recommendations.

Chapter 7 focuses on writing for professional advancement. The reader will review proper formats for professional resumes, cover letters, portfolios, and electronic correspondence. There are strategies for understanding multiple-choice test formats that are used in the most current versions of the Graduate Record Examination (GRE) and the Praxis examinations in speech-language pathology and audiology.

Chapter 8, the last chapter, addresses writing for professional presentations. It is an overview of principles and types of professional presentations and emphasizes the importance of writing as the foundation. There are samples of posters, platform presentations, short courses, and computer-generated slide presentations located on the Companion Website.

In recognizing the many people who helped us with this project, we want to pay a special tribute to the late Dr. Sadanand Singh, the founder of

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Getting Started

Language is our favorite toy. We encourage you to play with it, develop your own skill set, and have fun inventing and reinventing your unique use of it. At the same time, we want you to develop a consistently excellent professional writing (and speaking) style, using conventions universally understood by speech-language pathologists (SLPs) and audiologists (AuDs). The professional and personal language you use will be quite different from what we wrote and said as undergraduate and graduate students. Emerging technology, especially in audiology but also in areas of speech-language pathology such as alternative and augmentative communication, has resulted in a new and richer vocabulary, with terms borrowed from computer science, engineering, and medicine.

Nowhere is the flux of language more evident than in the words used by young adults to represent something or someone in exceedingly positive terms. These have evolved from "the cat's pajamas" to "groovy," "far out," and "def." The last term gives us an opportunity to examine what is claimed here to be a misunderstanding based on vernacular English. The term *def* does not refer to hearing loss; rather, as it originated in inner cities, it refers to *death* in an ironic way. There is a phonological rule in African American Vernacular English (AAVE) where the sound made by the voiceless *th* (theta), when appearing after a vowel, is pronounced as the sound made by the letter *f*. We write the rule as follows: postvocalic /θ/→/f/. This rule, as legitimate as any other in phonology, represents the accepted practice of a large linguistic community. The speaker might use what we like to call "business English" at work and say /dɛθ/ and then switch codes to /dɛf/, using AAVE, when talking to friends and family at home. It is important to note the difference between vernacular English and language disorder, as Jones et al. (2002) indicate in a comparison of AAVE to agrammatism in aphasia. We can see now that the use of *def* actually corresponds to a phrase—*the livin' end*—used as a superlative several generations ago, for what is the end of life (*the livin' end*) but *def*?

Practice Exercises and Explanations

1. Using the AAVE rule, where postvocalic /θ/→/f/, write the word /mæf/ in traditional orthography. _____

   The answer is *math*, because the /æ/ vowel represents the vowel sound (as in the "a" in "cat") and the /f/ coming after the vowel is the rule for final /θ/.

2. Using the rule in #1, write the word /lɛmf/ in traditional orthography. _____

   The answer is *length*. In addition to the phonological rule in #1, we must account for coarticulation. Anticipating the labiodental /f/, the alveolar nasal /n/ becomes the bilabial nasal /m/.

3. Expanding the rule in #1 to voiced sounds, write the word /brɪv/ in traditional orthography. _____

   The answer is *breathe*.

Finally, as you play with your new language toy, resist the urge to turn nouns into verbs or verbs into nouns. Former President George W. Bush caused himself political harm by creating a noun from the verb "to decide." Calling himself "the decider" resulted in a cascade of political cartoons, usually with a superhero in cape and tights (and the President's face) and a capital D emblazoned on his chest. The President would have been much better served by using the term *commander-in-chief* or even *the boss*. Similarly, creating a verb form of clinician is not the most apt way of expressing the notion that a speech-language pathologist or audiologist should be well rounded, as in, "To be a good clinician, you should *cliniche* with all types of cases."

We have also noticed an increase in the use of common verbs as nouns, especially in the recipes of celebrity cooks. Why say, "Use a drizzle of olive oil for richness at the end" as so many of them do? It's so much easier to understand, for example, that "It's drizzling" than "a drizzle of raindrops is coming down." Our point is for the writer to seek clarity in professional writing, rather than a distinctive writing style.

Practice Exercises

Change nouns to verbs or verbs to nouns to make the sentences clearer.

1. My school district makes me therapize 20 students a day.

2. The wet EEG net can cause splashes of water on participants, so I put a dry towel around their shoulders.

3. I did pure toning, bone conducting, and speech receiving for a complete audiological evaluation.

Beginnings of Speech-Language Pathology

This section is devoted to the beginnings of the field of speech-language pathology as well as the professional titles we use when referring to our colleagues and ourselves. The origins of speech-language pathology are usually traced to physicians in German-speaking countries in Europe during the early 1900s and shortly thereafter to the university of Iowa in the United States (Goldfarb, 1985). In 1918, the University of Vienna appointed Emil Froeschels to serve as chief physician and *speech pathologist* (emphasis added) in the Department of Speech and Voice Disorders at the Central Hospital in Vienna. Together with Hugo Stern, his counterpart in the Phoniatrics Department, Froeschels convoked a meeting of what he dubbed the first International Congress of Logopedics and Phoniatrics. That meeting—held on July 3 to 5, 1924, at the Vienna Institute of Physiology—attracted some 65 specialists from the fields of laryngology, psychology, and pedagogical subjects. All but two of the participants were German-speaking central Europeans.

At roughly the same time, across the seas in the United States, efforts were begun to develop the study and treatment of speech and hearing problems as a nonmedical field of professional specialization. Carl Emil Seashore, a psychologist and dean of the graduate college at the University of Iowa, selected a promising graduate student to develop a new program. This student, Lee Edward Travis, was probably the first individual in the world to be trained at the PhD level to work experimentally and clinically with speech and hearing disorders. His preparation involved study in the departments of psychology, speech, physics, psychiatry, neurology, and otolaryngology. In 1927, Travis became the first director of the University of Iowa speech clinic.

At the present time, the International Association of logopedics and Phoniatrics (IALP) convenes a congress every three years. The American Speech-Language-Hearing Association (ASHA), which is affiliated with IALP, presently lists more than 200,000 members. The professional titles of *logopedist* and *phoniatrist* have not been adopted in the United States. These titles and others are used primarily in Europe. For instance, the professional title of *orthophoniste* is used in France, as noted in Jean-Dominique Bauby's 1997 account of his brainstem stroke, *The Diving Bell and the Butterfly*. If they were used in the United States, the first author of this book would

have to be called a *logogerist*, because he works with the elderly. Instead, in the United States, there has been a shift from identifying our practice as speech correctionists to speech-language pathologists, a shift that is traceable to the end of World War II. When injured soldiers, sailors, and marines returned to Veterans Administration hospitals (now VA Medical Centers) with speech and language disorders secondary to head trauma, the attending psychiatrists and psychologists found they were not equipped to deal with these communication impairments. Some psychologists, notably Jon Eisenson, acquired expertise in both psychology and speech-language pathology, but the American Speech and Hearing Association (as it was called then) began emphasizing language in the scope of practice of its members. The addition of *language* to the title came in the 1970s, when Norma Rees was president of ASHA (which preferred to keep its acronym rather than changing it to the unwieldy ASLHA).

Beginnings of Audiology

Audiology emerged as a distinct profession in the United States during World War II, where noise exposure to the modern weapons of the times created the necessity of diagnostic and rehabilitative services for many returning military personnel. At the time, audiologic services were administered by professionals in related areas, mostly otologists and speech-language pathologists, and included psychologists and teachers of the deaf, who ultimately became the first audiologists. The term *audiology* given to the new profession, meaning "the study of (logos: Gr.; audire: L.) hearing" (Martin & Clark, 2012, p. 4), is attributed to otolaryngologist Norton Canfield and speech-language pathologist Raymond Carhart.

Robert West, a speech-language pathologist, is credited with expanding the discipline of speech correction to include hearing services (Bess & Humes, 2003). Audiologic services were officially recognized within the profession's purview by ASHA (then known as the American Academy of Speech Correction) in 1947, where the organization voted to include the term *hear-*

ing in the association's title (Paden, 1975). At present, ASHA is the largest organization representing audiologists—with over 14,000 certified members, a number that is substantially lower than the membership of close to 200,000 certified speech-language pathologists also represented by ASHA (ASHA, 2022).

A movement to create an independent organization for audiologists resulted in the formation of the American Academy of Audiology (AAA) in 1988 with a mission to "promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research" (AAA, n.d.). With approximately 14,000 members, the AAA is currently the largest independent professional organization operated specifically by and for audiologists. Like ASHA, the AAA offers clinical certification to its qualified members; publishes a scientific journal, professional position statements, and practice guidelines in addition to consumer information; and conducts an annual national conference. There are numerous other organizations for the varying areas of audiology specializations, including hearing aid dispensing and pediatric and rehabilitative audiology.

About the Deaf Community and *Hearing Impairment*

There are many terms used to describe individuals with hearing loss, including *hard of hearing* or *hearing impaired*. The use of such terms may vary depending on the severity of the loss or the communicative method used by the individual, such as manual, spoken, or written forms or their combinations. The term *deaf* is specifically used to describe an individual with a severe to profound degree of hearing loss, such that hearing cannot be used as a principal means of receiving communication. Individuals who are deaf and communicate primarily using manual language (e.g., American Sign Language, or ASL), sharing a culture of similar traditions and values, are part of what is referred to as the *Deaf community* (differentiated by the term *deaf* with a capital *D*). At issue with its members is the connotation of disability or handicap often associated with terms

relating to hearing loss. The Deaf community does not consider deafness a deficit but rather a characteristic of an individual's hearing acuity (Debonis & Donohue, 2008; Martin & Clark, 2012).

Current Issues

There are physical, occupational, and respiratory therapists; why are we not speech or hearing therapists? Currently, the master's degree is the minimum level of education for best practice in speech-language pathology, whereas the doctoral degree is required for practice in audiology. Accordingly, speech-language pathologists and audiologists do their own diagnosis, treatment, and discharge planning. There is no medical specialty with greater expertise in communication sciences and disorders than that of ASHA-certified practitioners. Although we may provide speech-language therapy and aural rehabilitation, we are not therapists. A therapist's professional duties are prescribed by a physician. Take, for example, the activities of daily living skills for the occupational therapist (OT) and range-of-motion exercises for the physical therapist (PT). Referral from a physician to a speech-language pathologist, required for some insurance reimbursement, should properly indicate no more than "evaluate and treat." The confusion continues when we try to describe the people we treat. Those of us who work in hospitals and medical centers may refer to our *patient*s. In university speech and hearing centers, our graduate students tend to see *clients*. When they go off on externships in schools, they may work with *students*. If the placement is in a day treatment center for individuals with developmental disabilities, they become providers working with consumers.

English Mechanics

One interpretation of the title of the present section is that it will deal with chaps who work under the bonnets of lorries. Lexical ambiguity is the basis of much of what we think of as jokes. However, the purpose of this chapter is to define, describe, and help in the practice of some basic concepts of English mechanics as they apply to professional writing in speech-language pathology and audiology.

The section includes information and practice on grammatical classes (parts of speech) and structure rules (syntax). We have devoted considerable attention to most parts of speech, but have given others a more cursory review. Most writers have no difficulty using *conjunctions* (and, but, yet) to join two simple sentences to form a compound sentence, or to use them to join words, phrases, and clauses. Similarly, we don't need to teach you that *articles* (a, an, the) identify and specify nouns. Finally, *interjections* (ouch, ah, whoops) express emotion and do not belong in professional writing. We have chosen to describe *particles* briefly, because the prepositional and adverbial forms they take may be somewhat confusing. Finally, we relate concepts of English mechanics to theories of language development and language disorders and demonstrate how knowledge of syntax can apply to clinical intervention.

We have tried to answer the following questions: What are characteristics of nouns and verbs? What are helping verbs and what do they help? How do we use pronouns? How do adjectives/attributes develop in typical children? What are the differences between adjectives and adverbs? What are content (lexical) and function (functor or helping) words? What is a noun phrase? What is a verb phrase? How do we put them together to form sentences? What kinds of sentences can we create?

Parts of Speech

(see Goldberg & Goldfarb, 2005)

Nouns

Acquired earlier than verbs

Processed more quickly

Have an identity independent of verbs

More typical stress patterns in English

More syllables and longer durations

Conceptually, mapped as things

Nouns appear as the subject as well as the object in a sentence.

Example:

The AuD student (subject) filled out the audiogram (object).

As sentences become more complicated, deciding on the function of nouns in the subject-object relationship requires some thought.

Example:

The professor (subject) asked the AuD student (may be subject or object) to fill out the audiogram (object).

Consider that the professor (subject) spoke to the AuD student (object) and the AuD student (subject) filled out the audiogram (object).

Active sentences in English have the subject noun or noun phrase on the left and the object noun or noun phrase on the right (e.g., Speech-language pathologists [subject noun] can apply [verb] for membership in ASHA [object noun]), and passive sentences in English have the object noun on the left and the subject noun on the right (e.g., Adults with aphasia [object] are treated [verb] by SLPs [subject]). We can make this last sentence active and go back to subject-verb-object or SVO order: SLPs (subject) treat (verb) adults with aphasia (object). In general, write in the active voice for improved clarity.

We will talk about reversibility in sentences later in this chapter, but identifying subject and object nouns in reversible passive sentences (e.g., Elizabeth spoke to Matt [active] or Matt was spoken to by Elizabeth [passive]) may be difficult for children and adults with auditory processing disorders. Elizabeth is the subject noun in both sen-

tences, but the sentence would also make sense if Matt spoke to Elizabeth. Nonreversible sentences are less difficult in the active voice. "The dog (subject noun) ate the bone (object noun)" and "The bone (object noun) was eaten by the dog (subject noun)" both make sense. "The bone (subject noun) ate the dog (object noun)" will be rejected as nonsense, but "The dog (object noun) was eaten by the bone (subject noun)" may be incorrectly judged to be a reasonable sentence. The individual with an auditory processing disorder might assume an active SVO sentence and pantomime, using objects provided, a dog eating a bone.

Verbs

Verb relations often include nouns

More complex syntactically and morphologically

Greater range of meaning than nouns

Less typical stress patterns

Fewer syllables and shorter durations conceptually

Mapped as relations

A limited number of verb forms convey a wide variety of meanings

What are helping verbs, and how do they help? A helping verb, also called an auxiliary verb, conveys information about when an action happened. One kind of helping verb agrees with the subject noun in time, person, and number (Behrens, 2010, p. 14). Examples are forms of *to be* (*is* going, *are* running) and *to do* (*didn't* support, *does* come). Another kind of helping verb is not conjugated, such as *can* (*can* go) and *should* (*should* run). We will discuss the concept of singular *they* in a later section, but note that such usage in professional writing may result in helping verbs that do not agree with the subject. For example, *It should work* and *They should work* are grammatical, because the helping verb *should* does not require conjugation. *It is running* is grammatical, but *They is running* is not, because forms of the

helping verb *to be* require conjugation for time, person, and number agreement.

What do we mean by conjugation of verbs? Conjugation is the change in the form of verbs to reflect what subject they agree with and what time information they convey. An infinitive verb with *to* before its bare form (e.g., *to pass* the course) is not conjugated. Note that some books on grammar do not agree about calling *to* a preposition when used as part of an infinitive verb. We prefer to limit designation of *to* as a preposition to sentences where *to* precedes a noun (e.g., *to the store* [*to* is a preposition]) versus a verb (*to walk* [*to* is part of the infinitive *walk*]).

Following are examples of conjugation of verbs (after Behrens, 2010, p. 15):

Verb	Simple present	Simple past	Present participle	Past participle
To play	play/ plays	played	playing	played
To eat	eat/ eats	ate	eating	eaten
To be	am/is/ are	was/ were	being	been

Pronouns

There are nine types of pronouns, and some of them give professional writers considerable trouble. Let's look at the easier ones first.

1. An *indefinite pronoun* refers, in general terms, to a person or thing. Indefinite pronouns include *all, any, both, each, everyone, few, many, neither, none, nothing, several, some,* and *somebody*. Some examples of indefinite pronouns in sentences include the following:

   Several answers come to mind.

   Any exercise is usually better than none.

   Nothing good will come of this.

2. A *reflexive pronoun* refers back to the subject of a sentence. The reflexive pronouns are *herself, himself, itself, myself,* *ourselves, themselves,* and *yourselves*. These same words can also act as intensive pronouns (see #3 in the following text). Some examples of reflexive pronouns in sentences include the following:

   They should take better care of themselves.

   You should make yourself scarce.

   I learned much about myself in clinical practicum. (Note that *much* is preferable to *a lot*. In professional writing, try to avoid colloquial usage.)

3. An *intensive pronoun* strengthens or emphasizes the noun or pronoun that comes before it. Some examples of intensive pronouns in sentences are:

   Professor Serpanos herself told me to take this course.

   I myself would not have chosen to go.

4. A *demonstrative pronoun* points out a noun. The demonstrative pronouns are *that, these, this,* and *those*. Even though these pronouns may look like demonstrative adjectives, they are taking the place of a noun, as pronouns do. When *that, these, this,* and *those* are followed by nouns, they function as adjectives. If we say, "Take these before bedtime," then *these* functions as a demonstrative pronoun. However, if we say, "Take these pills before bedtime," then *these* functions as an adjective. Some examples of demonstrative pronouns in sentences include the following:

   That is what we should use.

   How can you handle all those?

5. An *interrogative pronoun* is used, as the reader has probably already guessed, when asking a question. Interrogative pronouns include *what, which, who,* and *whom*. They also attach to *ever*, as in the compound words *whatever, whichever, whoever,* and *whomever*. As with demonstrative pronouns, interrogative pronouns may look like interrogative adjectives, but these

pronouns take the place of nouns. Note that *which, who, whose,* and *whom* may also be used as relative pronouns (see #6 in the following text). Some examples of interrogative pronouns in sentences include the following:

Which hat goes with this dress?

What is the meaning of this?

Whatever does Lola want? (Note that in the song "Whatever Lola Wants [Lola Gets]" from the musical *Damn Yankees*, the word *whatever* is used as the object of a verb in a dependent clause.)

6. A *relative pronoun* introduces a clause, or part of a sentence, that describes a noun. The relative pronouns are *that, which, who, whose,* and *whom*. Some examples of relative pronouns in sentences include the following:

Use the test that you find most appropriate. (*That* introduces "appropriate," which describes the test.)

Larry is a scientist who is familiar with the CSL. (*Who* introduces "familiar with the CSL," which describes Larry.)

7. A *subjective pronoun* acts as the subject of a sentence; a person or thing that performs the action of the verb. The subjective pronouns are *he, I, it, she, they, we,* and *you*. Some examples of two subjective pronouns in sentences include the following:

She and I are assigned to the same client.

We are never late, but they always are.

It seems as if we'll never finish our 400 hours of practicum.

8. An *objective pronoun* acts as the object of a sentence; a person or thing receives the action of the verb. The objective pronouns are *her, him, it, me, them, us,* and *you*. Some examples of two objective pronouns in sentences include the following:

Blame him for the mess, not us.

Take her along with them.

9. A *possessive pronoun* indicates who owns something. The possessive pronouns are *hers, his, its, mine, ours, theirs,* and *yours*. As we note elsewhere, punctuation errors are the bane of professional writers who make errors when using possessive pronouns. We also note regional dialectal variations for some possessive pronouns, especially *mines*. Some examples of possessive pronouns in sentences include the following:

The responsibility is mine, not hers.

When we get married, what was yours becomes ours.

Adjectives and Adverbs

Adjectives describe nouns or pronouns. It makes no difference if the description comes before (What a *cute* baby) or after the noun (that baby is *so cute*). Adverbs modify adjectives, verbs, and other adverbs, but not nouns or pronouns. *Adverbs* answer questions of *how* (where the adverb usually has the *-ly* ending) as well as *when* and *where*. The non-*ly* adverbs are called flat adverbs. If you are describing a careful worker, then you are using an adjective (to modify the noun, *worker*); but if you write about someone who works carefully, then you have used an adverb (to modify the verb, *works*).

Of course, as we are discussing English grammar, there are special rules regarding the *-ly* ending, which is not used when describing sense experiences of taste, smell, look, and feel. Then we drop the ending when using adverbs. Accordingly, a baby's head smells sweet, not sweetly; you look happy, not happily; a poor grade on an exam makes you feel bad, not badly; and chocolate tastes delicious, not deliciously. Another special rule applies to *good* and *well*. In general, *good* is an adjective (you did good work) and *well* is an adverb (you worked well). However, use *well*, and not *good*, when describing health. You may look good in your new clothes, but you will look well once you get over the flu. Elsewhere in this book we refer to comparatives (usually taking the ending *-er*) and superlatives (*-est*) in reference to