

**Teacher Input - Voice**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | | | SAU: |  |
| Child’s Name: |  | | | School: |  |
| Date of Birth: |  | Grade: |  | School Phone: |  |
| Parent/Guardian Name: |  |  | | School Address: |  |
| Parent/Guardian Address: |  |  | | City, State Zip: |  |
| Parent/Guardian City, State Zip: |  |  | | School Contact: |  |

**Your observations of the above student’s speech will help determine if there is a voice problem which is adversely affecting educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Pathologist.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| 1) | Does the student project loudly enough to adequately heard in your classroom? |  |  |
| 2) | Does the student shout or speak with an excessively loud voice in the classroom or in other situations? |  |  |
| 3) | Is the student’s pitch and pitch variations during speaking appropriate to his/her age and gender? |  |  |
| 4) | During speaking, does the student’s pitch break up or down to the extent that this distracts from communication? |  |  |
| 5) | Does the student lose his/her voice at the end of the day or after playground or other activities? |  |  |
| 6) | Is the student’s voice quality worse during any particular time of the day or after any particular activity? If so, when? |  |  |
| 7) | Does the student’s voice quality distract from communication? |  |  |
| 8) | Have you observed the student talking loudly, shouting, screaming, or imitating other voices? How often does this occur? |  |  |
| 9) | Does the student often cough or clear his/her throat? |  |  |
| 10) | Does the student or parents express concern about the student’s voice? |  |  |
| 11) | Does the student appear healthy or does the voice problem occur along with or directly after colds or allergies? |  |  |
| 12) | Does the student shy away from verbal classroom activities because of the voice disorder? |  |  |
| 13) | Does the student experience comments or bullying from other students regarding his/her voice? |  |  |
| It is my opinion that these behaviors: | | | |
| Do not adversely affect educational performance | | | |
| Do affect educational performance | | | |

Do you have any other observations relating to the communication skills of this student?

Teacher Signature Date

Adapted from *Standards for the delivery of speech-language services in Michigan public schools,* Michigan Speech-Language Hearing Association (1995)