



Teacher Input - Articulation

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 an articulation 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) Is this student's intelligibility reduced to the extent that you find it difficult to understand him/her?	<input type="checkbox"/>	<input type="checkbox"/>
A) Occasional words are difficult to understand	<input type="checkbox"/>	<input type="checkbox"/>
B) Many words are difficult to understand	<input type="checkbox"/>	<input type="checkbox"/>
C) Words are often difficult to understand	<input type="checkbox"/>	<input type="checkbox"/>
2) Does this student appear frustrated or embarrassed because of his/her articulation errors?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the speech problem distract listeners from what the student is saying?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has the student shown concern about his/her articulation errors?	<input type="checkbox"/>	<input type="checkbox"/>
5) Is the student having difficulty discriminating sounds or words from each other?	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the student self-correct articulation errors?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the student have awareness of sounds in words and is able to rhyme, segment, and manipulate sounds in words?	<input type="checkbox"/>	<input type="checkbox"/>

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|-----|--|--------------------------|--------------------------|
| 8) | Does the student have particular patterns of errors that suggest difficulty with rule learning (e.g. deleting beginning or ending consonants, deleting part of all of blends, exchanging the "r", "l", "w" and "y" sounds in words?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | Does the student mispronounce during reading words containing error sounds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | Does the student have reading problems because of articulation errors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | Does the student make spelling errors on the same sound symbols that verbal articulation errors occur? | <input type="checkbox"/> | <input type="checkbox"/> |

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)