



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?	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the student shout or speak with an excessively loud voice in the classroom or in other situations?	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the student's pitch and pitch variations during speaking appropriate to his/her age and gender?	<input type="checkbox"/>	<input type="checkbox"/>
4) During speaking, does the student's pitch break up or down to the extent that this distracts from communication?	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the student lose his/her voice at the end of the day or after playground or other activities?	<input type="checkbox"/>	<input type="checkbox"/>
6) Is the student's voice quality worse during any particular time of the day or after any particular activity? If so, when?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the student's voice quality distract from communication?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you observed the student talking loudly, shouting, screaming, or imitating other voices? How often does this occur?	<input type="checkbox"/>	<input type="checkbox"/>
9) Does the student often cough or clear his/her throat?	<input type="checkbox"/>	<input type="checkbox"/>

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| 10) | Does the student or parents express concern about the student's voice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | Does the student appear healthy or does the voice problem occur along with or directly after colds or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | Does the student shy away from verbal classroom activities because of the voice disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | Does the student experience comments or bullying from other students regarding his/her voice? | <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)