

**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 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) | 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)