

Teacher/Parent Interview: Fluency

Date: _____

| | | | |
|----------------------|-------------|--------|--|
| Student's Full Name: | | SSID: | |
| Date of Birth: | | Grade: | |
| School: | Respondent: | | |
| Primary Language: | SLP: | | |

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

| As compared to peers in the same setting: | | Always | | Sometimes | | Never | |
|---|--|--------|---|-----------|---|-------|--|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1. | Does the student verbalize appropriately? | | | | | | |
| 2. | Does the student verbalize effortlessly? | | | | | | |
| 3. | When verbalizing, are the student's facial and body movements appropriate? | | | | | | |
| 4. | Does this student readily participate in class discussions or activities that require speaking in front of groups? | | | | | | |
| 5. | Do you accept the student's pattern as adequate? | | | | | | |
| 6. | Do peers accept the student's pattern as adequate? | | | | | | |
| 7. | Do you understand the student's verbal intent without difficulty? | | | | | | |
| 8. | Does this student readily participate in conversation with peers? Please explain below. | | | | | | |
| 9. | Does the student's speech allow for participation/progress in the general curriculum? Please explain below. | | | | | | |

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

| Respondent's Signature | |
|------------------------|------|
| Title | Date |

