

(District Name)

Teacher/Parent Interview: Voice

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 maintain his/her voice throughout the day?						
2.	Can the student's voice be heard when answering questions or participating in class activities/discussions?						
3.	Does the student use a loudness level that is appropriate to the classroom environment?						
4.	Does the student have appropriate pitch as compared with peers (e.g., pitch is not too high/too low)?						
5.	Do peers accept the student's voice as normal?						
6.	Does the student use appropriate voice quality compared with peers (e.g., quality is not frequently hoarse)?						
7.	Does the student speak easily without excessive coughing or throat clearing?						
8.	Do you freely call on this student to answer questions?						
9.	Does the student readily participate in class discussions or activities that require speaking in front of peers? Please explain any difficulties below.						
10.	Does the student's voice allow for participation/progress in the general curriculum? Please explain any difficulties below.						

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

Respondent's Signature

Title	Date
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