

Voice Assessment Summary

Date: _____

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Age:	
SLP:		Communication Assessment:	

1. PITCH

<input type="checkbox"/> normal		
<input type="checkbox"/> too high	<input type="checkbox"/> too low	<input type="checkbox"/> pitch breaks
<input type="checkbox"/> perceived by trained listener only <input type="checkbox"/> intermittent; perceived by others <input type="checkbox"/> persistent; inappropriate for age and sex		
Description:		

2. LOUDNESS

<input type="checkbox"/> normal		
<input type="checkbox"/> too high	<input type="checkbox"/> too low	<input type="checkbox"/> pitch breaks
<input type="checkbox"/> perceived by trained listener only <input type="checkbox"/> intermittent; perceived by others <input type="checkbox"/> persistent		
Description:		

3. QUALITY

<input type="checkbox"/> normal			
<input type="checkbox"/> breathy	<input type="checkbox"/> harsh	<input type="checkbox"/> hoarse	<input type="checkbox"/> aphonic
<input type="checkbox"/> perceived by trained listener only <input type="checkbox"/> intermittent; perceived by others <input type="checkbox"/> persistent			
Description (glottal fry, tense, strident, etc.):			

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4. RESONANCE

<input type="checkbox"/> normal	
<input type="checkbox"/> hypernasal	<input type="checkbox"/> hyponasal
<input type="checkbox"/> perceived by trained listener only <input type="checkbox"/> intermittent; perceived by others <input type="checkbox"/> persistent	
Description:	

5. VOCAL ABUSE/MISUSE

	NOT OBSERVED	SITUATION BOUND	INTERMITTENT	PERSISTENT
Shouting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud whispering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard glottal attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation phonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive throat clearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive loudness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking in noisy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. MEDICAL FINDINGS

<input type="checkbox"/> no laryngeal pathology reported				
<input type="checkbox"/> laryngeal pathology reported:				
<input type="checkbox"/> vocal fold thickening	<input type="checkbox"/> edema	<input type="checkbox"/> nodules	<input type="checkbox"/> polyps	<input type="checkbox"/> ulcers
<input type="checkbox"/> enlarged tonsils/adenoids	<input type="checkbox"/> insufficient tonsils/adenoids	<input type="checkbox"/> partial paralysis of vocal folds	<input type="checkbox"/> complete paralysis of vocal folds	
<input type="checkbox"/> neuromotor involvement of laryngeal/velopharyngeal muscles		<input type="checkbox"/> other, specify _____		
Description:				

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7. INFORMAL ASSESSMENT INFORMATION (from case history, interview, etc.):