

Teacher Input: Voice

Student: _____ Date: _____

Teacher/Grade: _____ School: _____

Please fill out this form and return to: _____. Your observation will help the therapist determine if this child's communication problem is affecting his/her educational performance.

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Does this student avoid reading out loud in class? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this student able to project loudly enough to be adequately heard in your classroom when reading out loud? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does this student appear to avoid talking in your classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this student ever lose his/her voice by the end of the school day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this student ever use an unusually loud voice or shout a great deal in your classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does this student engage in an excessive amount of throat clearing or coughing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this student have allergies/sinus problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is this student's voice quality worse than any particular time of the day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this student's voice quality make it difficult to understand the contents of his/her speech? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does this student's voice quality in itself distract you from what he/she is saying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has this student ever mentioned to you that he/she thinks he/she has a voice problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have this student's parents ever talked to you about the student's voice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever heard any of his/her peers mention that his/her voice sounds funny or actually make fun of this student because of his/her voice problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If this student has a pitch too low or too high does his/her pitch make it difficult to identify him/her as male/female just by listening? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. During speaking, does this student's voice break up or down in pitch to the extent that he/she appears to be embarrassed by this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is this student exposed to smoke or other allergens in his/her environment? | <input type="checkbox"/> | <input type="checkbox"/> |

It is my opinion that these behaviors:

- Severely interfere with the child's participation in the educational setting.
- Somewhat interfere with the child's participation in the educational setting.
- Minimally interfere with the child's participation in the educational setting.

Classroom Teacher's Signature

Date