

PLEASE RETURN TO THE SPEECH LANGUAGE PATHOLOGIST BY:

Language/Cultural Background:

TEAM Input: Voice

Date:

Student:

Team Member(s):

Grade/School:

Skills related to a student's voice are aligned with Common Core State Standards: SL.1,4,6.

Your observations of this student's VOICE will help determine if there is a communication problem which adversely affects the student's ability to communicate appropriately in school learning and/or social situations. (*Yes=75% occurrence or higher.)

Please describe the quality (sound) of this student's voice compared to his/her peers:

typical hoarse scratchy harsh breathy nasal tense
Other:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. This student is unable to project loudly enough to be adequately heard in your classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the student have a tendency to lose his/her voice?
If so, when?
(i.e., end of day, lunch time, in Fall, hay fever season, after certain classes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the student use an unusually loud voice or shout a great deal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this student engage in an excessive amount of throat clearing or coughing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the student's voice quality change throughout the day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you listen to HOW the student is speaking rather than WHAT the student is saying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have any peers commented that the student's voice sounds funny or tease this student because of his/her voice problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. When compared to peers, does this student's voice sound too high or too low (pitch)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this student always sound like he/she has a cold or like he/she is talking through his/her nose? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any additional observations?