## Appendix E: Teacher/Parent Interview: Speech Sound Production and Use

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| **School District:** *Enter District Name* **Date:** *Click to enter date*. |
| **Student’s Name:** *First Name* *Middle Initial* *Last Name* |
| **Student’s Date of Birth:** *Select Date of Birth* **Grade:** *Enter Grade in School* |
| **School:** *Enter School Name* **Respondent’s Name:** *Enter Respondent’s Name* |
| **Student’s Primary Language:** *Enter Primary Language* **SLP’s Name:** *Enter SLP’s Name* |

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

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| --- | --- | --- | --- | --- | --- |
| **As compared to peers in the same setting** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
|  | **1** | **2** | **3** | **4** | **5** |
| **1.** | **Do you understand the student’s speech in normal conversation?** |[ ] [ ] [ ] [ ]  [ ]  |
| **2.** | **Do the student’s peers understand him/her in normal conversation?** |[ ] [ ] [ ] [ ] [ ]
| **3.** | **Does the student appear to be free of frustration (does not engage in crying, anger, refusal to repeat, etc.) if misunderstood?** |[ ] [ ] [ ] [ ] [ ]
| **4.** | **Does the student answer questions and participate in discussions?** |[ ] [ ] [ ] [ ] [ ]
| **5.** | **Do you feel the student is outgoing?** |[ ] [ ] [ ] [ ] [ ]
| **6.** | **Do peers accept the student’s speech and not comment to the student, each other, or you about his/her speech?** |[ ] [ ] [ ] [ ] [ ]
| **7.** | **Does the student actively engage in social interactions with peers?** |[ ] [ ] [ ] [ ]  [ ]  |
| **8.** | **Can you listen to what the student is saying without being distracted by his/her speech?** |[ ] [ ] [ ] [ ] [ ]
| **9.** | **Does the student’s speech allow for participation and progress in activities? Please explain any difficulties below.** |[ ] [ ] [ ] [ ] [ ]
| **10.** | **Does the student’s speech 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? (Questions 9 & 10)***Click to enter additional information here* |
| **Respondent’s Signature:** |
| **Title:** | **Date:** |

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