## Appendix O: Teacher/Parent Interview - Fluency

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| **School District:** *Enter District Name* **Date:** *Select a 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.**

| **As compared to peers in the same setting** | | | **Always** | | **Often** | **Sometimes** | | **Rarely** | **Never** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | **3** | | **4** | **5** |
| **1.** | Does the student verbalize appropriately? | |  | |  |  | |  |  |
| **2.** | Does the student verbalize effortlessly? | |  | |  |  | |  |  |
| **3.** | When verbalizing, are the student's facial and body movements appropriate? | |  | |  |  | |  |  |
| **4.** | Does this student listen to stories? | |  | |  |  | |  |  |
| **5.** | Do you accept the student’s pattern as adequate? | |  | |  |  | |  |  |
| **6.** | Do peers accept the student’s pattern as adequate? | |  | |  |  | |  |  |
| **7.** | Do you understand the student’s verbal intent without difficulty? | |  | |  |  | |  |  |
| **8.** | Does this student readily participate in conversation with peers? Please explain below. | |  | |  |  | |  |  |
| **9.** | Does the student's speech allow for participation/progress in the general curriculum? Please explain below. | |  | |  |  | |  |  |
| **Do you have any other observations related to the communication skills of this student? (Questions 8 & 9)**  *Click here to enter text.* | | | | | | | | | |
| **Respondent’s Signature:** | | | | | | | | | |
| **Title:** | |  | | **Date:** | | |  | | |

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