## Appendix S: Teacher/Parent Interview – Voice

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| **School District:** *Enter District Name* **Date:** *Click to 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 maintain their voice throughout the day? |[ ] [ ] [ ] [ ] [ ]
| **2.** | Can the student's voice be heard when answering questions or participating in class activities/discussions? |[ ] [ ] [ ] [ ] [ ]
| **3.** | Does the student use a loudness level that is appropriate to the classroom environment? |[ ] [ ] [ ] [ ] [ ]
| **4.** | Does the student have appropriate pitch as compared with peers (i.e., pitch is not too high/too low)? |[ ] [ ] [ ] [ ] [ ]
| **5.** | Do peers accept the student's voice as normal? |[ ] [ ] [ ] [ ] [ ]
| **6.** | Does the student use appropriate voice quality compared with peers (e.g., quality is not frequently hoarse)? |[ ] [ ] [ ] [ ] [ ]
| **7.** | Does the student speak easily without excessive coughing or throat clearing? |[ ] [ ] [ ] [ ] [ ]
| **8.** | Do you freely call on this student to answer questions? |[ ] [ ] [ ] [ ] [ ]
| **9.** | Does the student readily participate in class discussions or activities that require speaking in front of peers? Please explain any difficulties below. |[ ] [ ] [ ] [ ] [ ]
| **10.** | Does the student's voice 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 8 & 9)***Click Here to Enter Text* |
| **Respondent’s Signature:** |
| **Title:** |  | **Date:** |  |