



Teacher's Rating Scale

ARTICULATION EVALUATION

Student: _____ Teacher: _____

Date: _____ Grade: _____ Classification (if any): _____

Please complete this form based upon observation of your student's articulation (pronunciation) over the past month and return it to the speech-language pathologist. Your observations will help to complete a comprehensive profile of the student's articulatory behavior in school.

1. Classroom Participation Student initiates conversations, answers questions, responds verbally	Always	More often than not	Sometimes	Never*	Unable to Determine
2. Intelligibility Student is readily understood and does not need to repeat verbal responses frequently	Always	More often than not	Sometimes	Never*	Unable to Determine
3. Reaction of Peers to Speech Errors Peers are accepting of speech errors	Always	More often than not	Sometimes	Never*	Unable to Determine
4. Impact on Academic Functioning a. Student can be understood when reading aloud. b. Student's writing reflects error sounds (i.e. student spells all words containing /r/ with /w/) c. Student can be understood when presenting to the class or answering questions.	Always	More often than not	Sometimes	Never*	Unable to Determine
	Always*	More often than not	Sometimes	Never	Unable to Determine
	Always	More often than not	Sometimes	Never*	Unable to Determine

**Please give specific examples or further explanation.*

Additional Comments: _____

Teacher Signature: _____