



# CAMDEN CITY SCHOOL DISTRICT

## 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.

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

**\*Please give specific examples or further explanation.**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

*Please attach a copy of the student's current report card, progress notes, or current grades to this document.*