



# CAMDEN CITY SCHOOL DISTRICT

## Teacher's Rating Scale VOICE SURVEY

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Classification (if any): \_\_\_\_\_

Please complete this form based upon observation of your student's vocal quality 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 vocal quality 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 the sound of the student's voice and do not often comment on it.	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 avoids speaking, or refuses to answer because of the quality or sound of his/her voice.	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**\*\*PLEASE NOTE\*\*** Before referring a student to the Speech Therapist for voice concerns, contact the student's parent and suggest that the student be seen by his/her pediatrician. A voice referral cannot proceed until medical causes are ruled out.



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## Vocal Behavior Checklist

Yes	No	
		The student's voice consistently sounds rough or hoarse. <u>Example:</u>
		The student consistently speaks in a voice that is much too loud or much too low. <u>Example:</u>
		The student does not seem to have enough breath to finish his sentence. The ends of his utterances trail off or sound wheezy. <u>Example:</u>
		The student sounds either hyponasal ("m" and "n" sound like "b" or "d"), or hypernasal (everything sounds like it's coming from his nose.) <u>Example:</u>

*Does the student's vocal quality change throughout the day? At what times of day is it better or worse?* \_\_\_\_\_

\_\_\_\_\_

*What specific situations cause the student's vocal quality to worsen?* \_\_\_\_\_

\_\_\_\_\_

*What specific situations cause the student's vocal quality to improve?* \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

**\*\*PLEASE NOTE\*\*** Before referring a student to the Speech Therapist for voice concerns, contact the student's parent and suggest that the student be seen by his/her pediatrician. A voice referral cannot proceed until medical causes are ruled out.