

### Phonology and Articulation Student Input Form

**Student's Name:**

**Date:**

Parent's Name:

Birth Date:

Language spoken at home/school:

What is your concern regarding your speech skills? Please check all that apply.

Leaving out sounds when speaking

Changing sounds when speaking

Inexact sounds when speaking

Other concerns please explain:

Do you think you have a speech difficulty?      Yes      No

Are you frustrated by your speech difficulty?      Yes      No

Do you avoid speaking?      Yes      No

Is it hard for people who know you well to understand you?      Yes      No

Is it hard for other people to understand you?      Yes      No

How does your speech difficulty impact you educationally?

How does your speech difficulty impact you socially, emotionally and/or vocationally?

Comments: