

Phonology and Articulation Teacher Input Form

Student's Name:

Date:

Teacher's Name:

Birth Date/Age:

Language spoken at home/school:

What are your concerns regarding your child's speech skills? Please check all that apply.

Student deletes sounds when speaking

Student changes sounds when speaking

Student distorts sounds when speaking

Other concerns please explain:

Is your student aware of his/her speech difficulty? Yes No

Does your student appear to be frustrated by his/her speech difficulty? Yes No

Does your student avoid speaking? Yes No

Is it difficult to understand your student? Please check all that apply.

In known context

Unknown context

Have your student's parents expressed concerns regarding your student's speech skills? Yes No

How do your student's speech difficulties impact his/her reading, writing, or other academic skills?

How do your student's articulation difficulties impact him/her socially, emotionally and/or vocationally?

Comments: