

## **Voice Teacher Input Form**

**Student's Name:**

**Date:**

Teacher's Name:

Birth Date:

Language spoken at home/school:

**Please answer by selecting N (Never), S (Sometimes), F (Frequently), AA (Almost Always)**

1. Is this student able to speak loudly enough to be adequately heard in your classroom?
2. Does this student appear to avoid talking or reading aloud in your classroom?
3. Is there a decrease in the student's vocal quality during the day (e.g., sounding hoarse, raspy)?  
If so please describe:
4. Does this student use an unusually loud voice or shout a great deal in your classroom?
5. Does this student engage in an excessive amount of throat clearing or coughing?
6. Does it appear to disturb the other student's concentration or listening?
7. Do the student's voice characteristics detract from what he/she is saying?

8. Has this student ever mentioned to you that he/she thinks he/she has a voice problem or shown embarrassment?
9. Have the parents of this student ever talked to you about this student's voice?
10. Do other students comment about this student's voice?

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