

# 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?  
 Never  Sometimes  Frequently  Always

Does your student avoid speaking?  
 Never  Sometimes  Frequently  Always

Is it difficult to understand your student?  
In known context  Never  Sometimes  Frequently  Always  
Unknown context  Never  Sometimes  Frequently  Always

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: \_\_\_\_\_

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

\_\_\_\_\_  
Date

### Phonology and Articulation Parent Input Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ / \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

Medical History: (i.e., premature, ear infections, tonsils & adenoids, allergies, a quiet baby, developmental milestones such as cooing, babbling, etc.) Explain \_\_\_\_\_

\_\_\_\_\_

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

- Child deletes sounds when speaking
- Child changes sounds when speaking
- Child distorts sounds when speaking
- Other concerns please explain \_\_\_\_\_

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

Does your child appear to be frustrated by his/her speech difficulty?  
 Never  Sometimes  Frequently  Always

Does your child avoid speaking?  
 Never  Sometimes  Frequently  Always

Is it difficult to understand your child?  
 Never  Sometimes  Frequently  Always

Is it difficult for others to understand your child?  
Familiar people  Never  Sometimes  Frequently  Always  
Unfamiliar people  Never  Sometimes  Frequently  Always

Are there any situations that make it harder for you to understand your child?  
\_\_\_\_\_

\_\_\_\_\_

How does your child's speech difficulties affect him/her? \_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_  
Parent Signature Date

### Phonology and Articulation Student Input Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ / \_\_\_\_\_

Language spoken at home/school: \_\_\_\_\_ / \_\_\_\_\_

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

- Leaves out sounds when speaking
- Changes 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?  
 Never  Sometimes  Frequently  Always

Do you avoid speaking?  
 Never  Sometimes  Frequently  Always

Is it hard for people to understand you?  
People you know well  Never  Sometimes  Frequently  Always  
Other people  Never  Sometimes  Frequently  Always

How does your speech difficulty impact you educationally? \_\_\_\_\_

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

Comments:

\_\_\_\_\_  
Student Signature Date