

**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