

Voice Teacher Input

Student: _____ **Grade/Homeroom:** _____

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a voice disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.K.1/SL.1.1/SL.2.1 - Participate in collaborative conversations about topics/texts with peers & adults in small & larger groups. SL.3.1/SL.4.1/SL.5.1/SL.6.1/SL.7.1/SL.8. – Engage effectively in collaborative discussions on topics/texts, building on others' ideas, & expressing their own clearly. SL.9-10.1/SL.11-12.1 – Initiate and participate effectively in collaborative discussions on topics/texts/issues, building on others' ideas, & expressing their own clearly.		
SL.K.6/SL.1.4/SL.2.4 – Speak audibly and express thoughts, feelings, and ideas clearly. SL.3.4/SL.4.4/SL.5.4 – Report on a topic or text, tell a story or recount an experience...speaking clearly at an understandable pace. SL.6.4/SL.7.4/SL.8.4 – Present claims and findings...using adequate volume, and clear pronunciation		
RF.1.4/RF.2.4 - Read with sufficient accuracy and fluency to support comprehension. RF.3.4/RF.4.4/RF.5.4 - Read with sufficient accuracy and fluency to support comprehension.		
	Yes	No
1. Does the student's voice stand out as being different from peers? If yes, circle all that apply: <ul style="list-style-type: none"> • hoarse • breathy • hypernasal • hyponasal • other: 		
2. Does the student's voice interfere with his/her ability to communicate effectively in the educational setting?		
3. Are you observing the student excessively using any of the following behaviors? <ul style="list-style-type: none"> • loud talking • yelling/screaming • throat clearing • coughing • making unusual noises • talking too much 		

How frequently are you observing the student demonstrating any of the behaviors listed in question 3?

consistently
 occasionally
 rarely

How does the vocal concern impact social/emotional/academic functioning? Check all that apply:

appears embarrassed
 appears frustrated
 withdraws from peers
 limits verbal participation
 been teased by peers

Describe any changes in the way his/her voice has sounded since the start of the school year:

Do you have any other observations or provide any accommodations due to the student's voice issues?

It is my opinion that these behaviors:

- Do not adversely affect social, emotional, vocational, and/or educational performance
 Do adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: _____ **Date:** _____

Voice Parent Input

Student Name: _____ **Date of Birth:** _____

Person Completing the Form: _____ **Date:** _____

Your input will help us understand your child's voice issues. Please check all that you observe in your child:

	Yes	No
Does your child's voice sound like that of other family members?		
Has your child had frequent ear infections?		
Does your child have a sore throat frequently?		
Does your child clear his/her throat frequently?		
Does your child have allergies?		
Does your child often breathe through the mouth?		
Does your child snore while sleeping?		
Does your child seem unusually tense when speaking?		
Does your child frequently yell or play loud games (i.e. car, gun, or animal noises)?		
Does your child have any problems swallowing?		
Does your child often have heartburn or acid indigestion?		
Does your child consume caffeinated drinks?		
Does your child's voice sound hoarse?		
Does your child seem short of breath when speaking?		
Does your child's voice sound nasal (i.e. talks through his/her nose)?		
Does your child's voice sound denasal (i.e. stuffed up)?		
Does your child speak too quietly?		
Does your child seem to speak louder than necessary?		
Does your child speak too rapidly?		
Does your child have a pitch unusual for his/her age/sex?		
Does your child speak in monotone?		
Does your child have breaks in his/her voice?		
Does your child's voice sound worse in the morning?		
Does your child's voice sound worse in the evening?		
Is your child exposed to environmental factors like dust, mold, smoke, or air-borne chemicals?		
Is your child in sports or activities (i.e. choir, cheerleading, etc.) where he/she uses his/her voice loudly?		
Is your child frustrated by his/her speech difficulty?		

Has he/she had a serious injury to the neck, head, or chest? If yes, please describe and include dates:

Has he/she had any surgery to the lips, mouth, throat or ears? If yes, please describe and include dates:

Does your child's voice change during the day? If so, when is it better?

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Voice Student Input

Student Name: _____

Grade/Homeroom: _____

	Yes	No
Are you concerned about your voice (as being hoarse, raspy, or nasal)? If yes, please describe:		
Do you lose your voice often? If yes, please describe:		
Are you ever embarrassed by your voice? If yes, please describe:		
Do other people comment on your voice? If yes, please describe:		
Do you participate in activities that require you to use a loud voice (i.e. cheerleading, choir, etc.)?		
Do you participate in the following activities or behaviors?		
• excessive yelling/screaming		
• excessive talking or arguing		
• clearing your throat or coughing a lot		
• talking loudly		
• exposure to allergens (i.e. dust, pollen, fumes, etc)		
• alcohol use		
• cigarette smoking		
• drug use		

Rate your voice in the following situations:

	Better	Worse
Morning		
Afternoon		
Evening		
Weekend		
Spring		
Summer		
Winter		
Fall		
Home		
School		

How does your voice affect your ability to participate in school activities? social activities?

How does your voice affect your ability to interact with family members? with friends?

How does your voice affect your willingness to talk/communicate? self-esteem/attitude toward self?

What else do you think we should know about you or your voice?

Date completed: _____

Voice Conservation Index

Student Name: _____

Grade/Homeroom: _____

Please check the answer that is best:

	All The Time	Most of the time	Half the time	Once in awhile	Never
When I get a cold, my voice gets hoarse.					
After cheering at a ballgame, I get hoarse.					
When I'm in a noisy situation, I stop talking because I won't be heard.					
When I'm in a noisy situation, I speak very loudly.					
When I'm at home or school, I spend a lot of time talking every day.					
I like to talk to people who are far away from me.					
When I play outside with my friends, I yell a lot.					
I lose my voice when I don't have a cold.					
People tell me I talk too loudly.					
People tell me I never stop talking.					
I like to talk.					
I talk on the phone.					
At home, I talk to people who are in another room.					
I like to make car or other noises when I play.					
I like to sing.					
People don't listen to me unless I talk loudly.					

Date completed: _____