VOICE
Teacher Input

Name_____ Date _____
Birthdate_____Grade/Program _____Teacher_____

The child above has been referred for or is receiving services regarding voice skills. Please help me gain a better overall view of this student's voice skills by completing the following information:

	Yes	No
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 (sounding hoarse, raspy, etc.)	___	___
If so, 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. Does this student's voice quality (hoarseness, raspiness) in itself distract you 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?	___	___

_____ _____
Date Classroom Teacher's Signature

VOICE
Parent Input

Name _____ Date _____
Birth date_____ Input provided by _____
Language spoken in the home_____,_____
(primary language)

	Yes	No
1. Does your child speak loud enough to be heard?	___	___
Comment:_____		
2. Does your child lose his/her voice often?	___	___
If so, please describe:_____		
3. Is there a decrease in your child's vocal quality (becomes hoarse, nasal, raspy, or "loses his/her voice") during the day?	___	___
If so, describe: _____		
4. Does your child use an unusually loud voice or shout a great deal?	___	___
Comment:_____		
5. Does your child have a vocal quality that distracts you from what he/she is saying (such as being hoarse, harsh, or too nasal)?	____	____
Comment:_____		
6. Is your child embarrassed by his/her voice?	___	___
Comment:_____		
7. Do other people comment about your child's voice?	___	___
Please Describe:_____		

8. Please check all that apply to your child's general physical development and health:

Chronic allergies (including food)	____	Earaches	____
Chronic colds/upper respiratory	____	Asthma	____
Excessive coughing	____	Swallowing problems	____
Excessive throat clearing	____	Craniofacial disorders/cleft palate	____
Chronic sinus condition	____	Injury to nose, neck or throat area	____
Frequent sore throat	____	History of bulimia	____
Enlarged adenoids/tonsils	____		

9. Please check all that apply to your child's general behavior and/or the environment:

Participates in sports that include shouting	____	Exposure to allergens, e.g. dust, pollen, fumes, etc.	____
Participates in cheerleading	____	Cigarette smoking	____
Excessive yelling/screaming	____	Drug use	____
Talking loudly	____	Alcohol use	____
Excessive talking or arguing	____	Participates in choir or singing	____

_____ _____
Date Parent's Signature

VOICE
Student Input

Name _____ Date _____
Birth date _____ Grade/Program _____ Teacher _____

Discuss the following questions with the student:

	Yes	No
1. Are you concerned about your voice (as being hoarse, raspy or nasal)?	___	___
If so, please describe: _____		
2. Do you lose your voice often?	___	___
If so, please describe: _____		
3. Do you participate in activities that require you to use a loud voice such as cheerleading or sports?	____	____
4. Are you ever embarrassed by your voice?	___	___
If so, please describe: _____		
5. Do other people comment your voice?	___	___
If so, please describe _____		

6. Rate your voice in the following situations:

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

7. Do you participate in the following activities or behaviors?

Sports that include shouting	____	Choir or singing	____
Cheerleading	____	Exposure to allergens,	
Excessive yelling/screaming	____	e.g. dust, pollen, fumes, etc.	____
Talking loudly	____	Cigarette smoking	____
Excessive talking or arguing	____	Drug use	____
Clearing your throat or Coughing a lot	____	Alcohol use	____

_____ _____
Date Student's Signature