

Parent Input – Voice

Student _____ School _____ Teacher _____ Grade _____

Please complete all of the following questions relating to your child's speech. Your observations and responses will help determine if there is a significant problem with your child's voice that adversely impacts 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).

Please return the completed form to the speech/language therapist by _____ (date)

1. Give approximate date when voice issues were first noticed. _____.
2. In what situation was it first noticed? _____ _____ _____ Under what circumstances did it occur? _____
3. Does your child ever lose his/her voice throughout the day? _____ If so, when _____
4. Does your child use an unusually loud voice or shout a great deal? _____
5. Does your child engage in an excessive amount of throat clearing or coughing? _____ If so, which? _____ _____
6. Is your child's voice quality worse during any particular time of day? _____ If so, when? _____
7. Does your child's voice quality make it difficult to understand the content of his/her speech? _____
8. Does your child's voice quality in itself distract you from what he/she is say? _____
9. Has your child ever mentioned to you he/she thinks that he/she has a voice problem? _____
10. If your child has a pitch too low or too high, does his/her pitch make it difficult to identify him/her as male/female just by listening? _____
11. During speaking, does your child's voice break up or down in pitch to the extent that he/she appears to be embarrassed by this? _____
12. Does your child have allergies, sinus infections, or other chronic conditions, which might contribute to abnormal voice quality? _____
13. Has your child been referred for, or received a total voice evaluation? _____ Is so, when? _____ Results of the evaluation: _____ _____ _____

