

VOICE EVALUATION WORKSHEETS

Child _____ DOB _____ Date _____ SLT _____

School _____ Teacher _____ Grade _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PHONATION			
Isolation			
Total Pitch Range			
Optimum Pitch			
Pitch Appropriateness for Age			
Pitch Appropriateness for Sex			
Loudness Range			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PHONATION (cont'd)			
Connected Speech			
Voice Onset			
Voiceless to Voiced			
Appropriateness of Loudness			
Pitch Breaks			
Pitch Range			
Habitual Pitch			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			
RESONANCE IN CONNECTED SPEECH			
Hypernasality			
Hyponasality			
Throatiness/Cul Di Sac			
Nasal Emission			
Assimilation Nasality			

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PROSODY IN CONNECTED SPEECH			
Stress			
Intonation			
RESPIRATION			
Type of Breathing Pattern			
At rest			
In Connected Speech			
Breath Support for Speech			
Posture			
Tension			
ASSOCIATED FACTORS			
Vocal Abuse Behaviors			
Personality Factors			
ORAL MECHANISM			
Structure			
Function/Tension			
OTL EXAMINATION RESULTS			