

**School Board of St. Lucie County, Florida**  
**Exceptional Student Education (772) 429-4570**  
**Targeted Observation of Classroom Speech Skills K-12**

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Classroom Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Observer Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**\*At least one observation must be conducted by a Speech Language Pathologist\***

**Parent and teacher concerns and description of speech skills: (Student Input Required for Fluency)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Oral Mechanism Exam Date:** \_\_\_\_\_

**Structure (√ normal; X abnormal)**

- hard palate  soft palate  uvula  tonsils  
 jaw  teeth  lips  tongue

**Function (√ normal; X abnormal)**

- Tongue:**  elevate  depress  lateralize  protrude  
**Lips:**  round  smile  Diadochokinesis

**Intervention data relevant to the identified areas of concern (summarize below):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Observation: Start time** \_\_\_\_\_ **End time** \_\_\_\_\_ **Setting** \_\_\_\_\_

Environment (physical aspects of the classroom)

**A. Student Seating**

- In Front Of Group  
 To Side of Group  
 In Back of Group

**B. Classroom Atmosphere**

- Noisy  
 Quiet  
 Moderate Noise

**C. Instructional Groupings**

- Large Group  
 Small Group  
 One on One

Articulation/Phonology <input type="checkbox"/> n/a	Fluency/ Stuttering <input type="checkbox"/> n/a	Voice <input type="checkbox"/> n/a		
Intelligibility: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  Context necessary? <input type="checkbox"/> yes <input type="checkbox"/> no  Visuals necessary? <input type="checkbox"/> yes <input type="checkbox"/> no  Interferes with effective communication? <input type="checkbox"/> yes <input type="checkbox"/> no	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                             Observation 1                              Date: _____                              Setting: _____                               Repetitions  <input type="checkbox"/> sound <input type="checkbox"/> word  <input type="checkbox"/> syllable <input type="checkbox"/> phrase                               Presence of:  <input type="checkbox"/> interjections  <input type="checkbox"/> revisions  <input type="checkbox"/> prolongations  <input type="checkbox"/> blocks  <input type="checkbox"/> tension  <input type="checkbox"/> pitch changes                              Secondary Characteristics:                              _____                         </td> <td style="width: 50%; border: none;">                             Observation 2                              Date: _____                              Setting: _____                               Repetitions  <input type="checkbox"/> sound <input type="checkbox"/> word  <input type="checkbox"/> syllable <input type="checkbox"/> phrase                               Presence of:  <input type="checkbox"/> interjections  <input type="checkbox"/> revisions  <input type="checkbox"/> prolongations  <input type="checkbox"/> blocks  <input type="checkbox"/> tension  <input type="checkbox"/> pitch changes                              Secondary Characteristics:                              _____                         </td> </tr> </table>	Observation 1 Date: _____ Setting: _____  Repetitions <input type="checkbox"/> sound <input type="checkbox"/> word <input type="checkbox"/> syllable <input type="checkbox"/> phrase  Presence of: <input type="checkbox"/> interjections <input type="checkbox"/> revisions <input type="checkbox"/> prolongations <input type="checkbox"/> blocks <input type="checkbox"/> tension <input type="checkbox"/> pitch changes Secondary Characteristics: _____	Observation 2 Date: _____ Setting: _____  Repetitions <input type="checkbox"/> sound <input type="checkbox"/> word <input type="checkbox"/> syllable <input type="checkbox"/> phrase  Presence of: <input type="checkbox"/> interjections <input type="checkbox"/> revisions <input type="checkbox"/> prolongations <input type="checkbox"/> blocks <input type="checkbox"/> tension <input type="checkbox"/> pitch changes Secondary Characteristics: _____	<b>Pitch</b> <input type="checkbox"/> too high <input type="checkbox"/> too low <input type="checkbox"/> variable  <b>Quality</b> <input type="checkbox"/> hoarse <input type="checkbox"/> harsh <input type="checkbox"/> breathy <input type="checkbox"/> hyponasal <input type="checkbox"/> hypernasal <input type="checkbox"/> nasal emission <input type="checkbox"/> monotone <input type="checkbox"/> poor breath support  <b>Loudness</b> <input type="checkbox"/> too loud <input type="checkbox"/> too soft
Observation 1 Date: _____ Setting: _____  Repetitions <input type="checkbox"/> sound <input type="checkbox"/> word <input type="checkbox"/> syllable <input type="checkbox"/> phrase  Presence of: <input type="checkbox"/> interjections <input type="checkbox"/> revisions <input type="checkbox"/> prolongations <input type="checkbox"/> blocks <input type="checkbox"/> tension <input type="checkbox"/> pitch changes Secondary Characteristics: _____	Observation 2 Date: _____ Setting: _____  Repetitions <input type="checkbox"/> sound <input type="checkbox"/> word <input type="checkbox"/> syllable <input type="checkbox"/> phrase  Presence of: <input type="checkbox"/> interjections <input type="checkbox"/> revisions <input type="checkbox"/> prolongations <input type="checkbox"/> blocks <input type="checkbox"/> tension <input type="checkbox"/> pitch changes Secondary Characteristics: _____			