St. Lucie Public Schools Private/Home School Observation of Classroom Speech Skills K-12

SECTION I: DEMOGRAPHIC INFORMATION

Student Name	DOB	Observation Date & Time (minimum 20 minutes)
Classroom Teacher	Grade	Observer Name/Title

SECTION II: CONCERNS

Please list the parent and/or teacher concerns **and** a description of the students' speech skills.

Please mark observed speech characteristics:		Please describe how the student's speech impacts his/her education:
	Substitutes one sound for another	
	Omits sounds from words	
	Omits syllables from words	
	Distorts or mispronounces words	
	Has difficulty sequencing speech sounds/syllables in multisyllabic words	
	Listeners frequently have difficulty understanding the student	
	Shows signs of frustration when misunderstood	
	Voice sounds hoarse	
	Voice intermittently is completely lost	
	Excessive throat clearing or coughing	
	Vocal quality interferes with the listeners ability to understand the message	
	Repeats whole words at the beginning of a phrase/sentence	
	Repeats sounds or parts of words during conversation	
	Prolongs sounds or words for an unusual length of	
	time in conversation	
	Unusual facial or body movements while speaking	
	Dysfluencies interfere with the listener's ability to	
	understand the message	
	Avoids talking in class	

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