

Bath County School District

(District Name)

Teacher/Parent Interview: Fluency

Date: _____

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Respondent:	
Primary Language:		SLP:	

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

As compared to peers in the same setting:		Always		Sometimes		Never	
		1	2	3	4	5	
1.	Does the student verbalize appropriately?						
2.	Does the student verbalize effortlessly?						
3.	When verbalizing, are the student's facial and body movements appropriate?						
4.	Does this student readily participate in class discussions or activities that require speaking in front of groups?						
5.	Do you accept the student's pattern as adequate?						
6.	Do peers accept the student's pattern as adequate?						
7.	Do you understand the student's verbal intent without difficulty?						
8.	Does this student readily participate in conversation with peers? Please explain below.						
9.	Does the student's speech allow for participation/progress in the general curriculum? Please explain below.						

Do you have any other observations related to the communication skills of this student?

Respondent's Signature			
Title		Date	

