

Bath County School District

(District Name)

Teacher/Parent Interview: Speech Sound Production and Use

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.	Do you understand the student's speech in normal conversation?						
2.	Do the student's peers understand him/her in normal conversation?						
3.	Does the student appear to be free of frustration (crying, anger, refusal to repeat, etc.) if misunderstood?						
4.	Does the student answer questions and participate in discussions?						
5.	Do you feel the student is outgoing?						
6.	Do peers accept the student's speech and not comment to the student, each other, or you about his/her speech?						
7.	Does the student actively engage in social interactions with peers?						
8.	Can you listen to what the student is saying without being distracted by his/her speech?						
9.	Does the student's speech allow for participation and progress in activities? Please explain any difficulties below.						
10.	Does the student's speech allow for participation/progress in the general curriculum? Please explain any difficulties below.						

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

Respondent's Signature			
Title		Date	

