

WARREN COUNTY SCHOOLS

<p>Teacher's Rating Scale Articulation Evaluation</p>
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Student: _____ Teacher: _____ Date: _____
 (Signature)

Grade: _____

Please complete this form based upon observation of your student's speech production over the past month and return it to the speech-language pathologist. Your observations will help determine whether this student's communication problem is adversely affecting his/her educational performance. This document will be included in the student's final report; thus, it should be completed in ink.

Severe Difficulty	Moderate Difficulty	Mild Difficulty	Average	Above Average
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- | <p>1 Classroom Participation
Initiates conversations, answers questions, volunteers to respond verbally</p> | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| <p>1 Intelligibility
Is readily understood and does not need to repeat verbal responses frequently</p> | 1 | 2 | 3 | 4 | 5 |
| <p>1 Reaction of Peers to Speech Errors
Peers are accepting of speech errors.</p> | 1 | 2 | 3 | 4 | 5 |
| <p>1 Reaction of Adults to Speech Errors
Teachers and other adults interact with and/or call on the student despite speech characteristics.</p> | 1 | 2 | 3 | 4 | 5 |
| <p>1 Please show evidence of speech errors impacting academic functioning:
(Work samples are welcome.)</p> | | | | | |
| <p>a. Reading</p> | | | | | |
| <p>b. Spelling</p> | | | | | |
| <p>c. Writing</p> | | | | | |
| <p>d. Class Discussions/Presentations</p> | | | | | |