

**SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618**

**SPEECH/LANGUAGE SERVICES  
CLASSROOM PERFORMANCE DATA (K-12)**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Please observe the above named student in your class and answer the following questions. Your observations will help to determine if this student's communication problem is affecting his/her educational/social performance. Educational impact must be demonstrated in order for a student to be eligible for services.

**What is the primary area of concern?** (please check)

Articulation      Language      Auditory Skills      Voice      Fluency

**Articulation:**

	<b>Yes</b>	<b>No</b>
1. Is the student aware of his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this student avoid speaking in class?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student seem frustrated when trying to speak?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do peers tease this student about his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does this student's speech problem distract you sometimes from what he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does this student have a lot of pronunciation/enunciation errors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever hear this student correct his articulation errors by himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this student make errors in writing (spelling) on the same sound symbols that he/she makes the verbal errors on in articulation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Speech errors in reading, spelling, and/or class participation are: (Please Check One)		
Very Noticeable	Noticed Occasionally	Not Noticed

Additional Comments:

**Language:**

	<b>Yes</b>	<b>No</b>
10. Is this student's grammar (syntax) adequate for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is this student's vocabulary limited for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does this student have difficulty in completing simple sentences or story endings (orally)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does this student have trouble in finding or understanding the humor in funny stories?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does this student lack the ability to ask questions when he/she does not understand what is being said?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this student hesitant to initiate conversation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does this student have a problem picking or maintaining a topic, switching topics, or taking turns during conversation?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

**Auditory Skills:**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 17. Is this student able to sequence a story adequately in comparison to peers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is this student usually able to follow your oral directions?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does this student have difficulty remembering general information?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is this student able to listen to a story and interpret the meaning?        | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

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**Voice:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 21. Does this student's voice quality make it difficult to understand the content of his/her verbal message? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does this student lose his/her voice during or by the end of the day?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does this student use an unusually loud voice or shout a great deal?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

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**Fluency/Stuttering:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 24. Does this student have difficulty with the fluency (hesitations or prolongations) of his/her speech? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you heard anyone make fun of or call him/her a stutterer?                                       | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

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**Social / Emotional:** Describe the student's social and emotional behavior. Include in-class interactions, acceptance from peers, and notable difference in relationships with peers. What is his/her attitude toward school and learning? Do their social skills affect performance in educational setting?

**Fine & Gross Motor Skills** (performance in PE, writing, cutting, etc.): Please list any concerns or state no concerns if you feel student's skills are age appropriate.

**General Intelligence:** How is the student's general intellectual functioning level in relation to the expected general curriculum (High average, Average, Low average when compared to peers)? Please list any strengths and/or needs.

**Academic Performance:** Describe the student's present levels of comprehension, reading ability, written and oral communication skills in the general curriculum. Tell how their performance compares to that of peers. Does the student pronounce correctly and use grade level vocabulary appropriately? Does the student attend reading and/or math labs/title programs? Please list any strengths and/or needs.

**Communication:** Please explain how their communication skills affect the student's educational performance and/or class participation.