

Articulation Parent Input

Student Name _____ Date of Birth _____

Completed By _____ Date of Completion _____

Family History

Please list household members _____

Languages spoken in the home ☐ English ☐ Other (please specify) _____

If other:

Does your child speak the language ☐ Yes ☐ No

Does your child understand the language ☐ Yes ☐ No

Which language does your child prefer to speak at home? _____

Is there a family history of speech and language concerns? Yes ☐ No ☐

If yes, please explain _____

Birth History

Was your child born premature? ☐ Yes ☐ No

If yes, How many weeks? _____

Were there complications during the pregnancy? ☐ Yes ☐ No

If yes, Please explain _____

Did your child have any difficulty with feeding? ☐ Yes ☐ No

Does your child have a history of ear infections? ☐ Yes ☐ No

Has your child had any significant illnesses, injuries, or hospitalizations? ☐ Yes ☐ No

If yes, please explain _____

Developmental Milestones

Indicate whether the following developmental milestones were achieved on time or at a delay

Babbling (4-6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	Uses two words (12-24 months) <input type="checkbox"/> Yes <input type="checkbox"/> No
Uses 1-2 words (7-12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	Follows simple commands (12-24 months) <input type="checkbox"/> Yes <input type="checkbox"/> No

Articulation Parent Input

Student Name: _____ Date: _____

Parent Name : _____

RATING SCALE

Never- my child never exhibits this skill

Rarely- my child rarely displays this skill but may demonstrate it on infrequent occasions

Sometimes- my child sometimes displays this skill in different situations

Often- my child often displays this skill on a few occasions and with a few other people

Consistently- my child consistently displays this skill in many settings and with a variety of people

Please mark that box that best describes your child's skills in each

Articulation Skills

	Never	Rarely	Sometimes	Often	Consistently
I have difficulty understanding my child's speech.					
It is difficult for an unfamiliar listener to understand my child.					
My child deletes sounds when talking.					
My child adds in sounds when talking.					
My child changes letter sounds when talking.					
My child makes sound errors when talking in single words.					
My child makes sound errors when talking in conversation.					
My child gets frustrated when others don't understand.					
My child is aware of their speech difficulties.					
My child will avoid speaking at times.					
My child is teased about their speech.					

Articulation Parent Input

Is there anything you would like to add about your student's communication skills? _____

Has your child ever received support for their speech and language? If yes, please explain.

What are some of your child's interests? _____

Please describe some concerns you have for your child? _____

Do you have any additional information you would like to provide? _____

Parent Signature

Date

Articulation Teacher Input

Student Name: _____ Date: _____

Teacher Name : _____

RATING SCALE

Never- the student never exhibits this skill

Rarely- the student rarely displays this skill but may demonstrate it on infrequent occasions

Sometimes- the student sometimes displays this skill in different situations

Often- the student often displays this skill on a few occasions and with a few other people

Consistently- the student consistently displays this skill in many settings and with a variety of people

Please mark that box that best describes your child's skills in each area.

Articulation Skills

	Never	Rarely	Sometimes	Often	Consistently
I have difficulty understanding my student's speech.					
It is difficult for an unfamiliar listener to understand my student.					
My student deletes sounds when talking.					
My student adds in sounds when talking.					
My student changes letter sounds when talking.					
My student makes sound errors when talking in single words.					
My student makes sound errors when talking in conversation.					
My student gets frustrated when others don't understand.					
My student is aware of their speech difficulties.					
My student will avoid speaking at times.					
My student is teased about their speech.					

Articulation Teacher Input

Is there anything you would like to add about your student's communication skills? _____

Does your student's articulation deficits affect them academically?

With which sounds does your student struggle? (circle all that apply)

Early Sounds: **p, b, m, n, h, w, t, d, k, g, f, v**

Later sounds: **l, s, z, r, ch, sh, th, s-blends, r-blends, l-blends**

Do you have any additional information you would like to provide? _____

Teacher Signature

Date

SPEECH SOUND DEVELOPMENTAL NORMS

2-3 years	p, b, a, m, n, h, w
3-4 years	t, k, g, ng, f, y
4-5 years	v, s, z, ch, sh, j, l
5-6 years	th (voiced), zh, r
6-7 years	th (voiceless)