

Teacher Interview for Speech Therapy Evaluation

TO:

FROM:

Re:

Date:

Please provide the following information and any comments you may have regarding your student's speech and /or language difficulties. **Please include any skill checklists or progress reports (i.e. report cards) that you have on this child.**

1. In classroom communication situations the student's speech-language difficulties are:

☐ always apparent ☐ sometimes apparent ☐ never apparent

2. The student's communication problem affects:

☐ academic areas ☐ listening tasks

☐ social interactions ☐ comprehension

☐ oral reading ☐ phonics

☐ written expression ☐ spelling

☐ oral discussion ☐ other: _____

3. The student's work is usually:

☐ above grade level ☐ at grade level ☐ below grade level

4. Do you believe the student's speech-language problem has an adverse affect on his/her educational program? **YES** **NO** (circle one)

Teacher's Signature

Date