

Speech Therapy Intervention Form

Articulation

CHILD'S NAME:	Date Interventions began:
TEACHER'S NAME:	Date Interventions completed:

Questions:

1. List the sound(s) this student seems to have difficulty producing _____
2. How often does this occur?
 - Always Often Sometimes Rarely

1. How hard is it to understand this student?
 - 1. **Very easy** 2 3 4 5. **Very Difficult**

4. Is the student aware of the error(s)? Yes No
5. Does the student self-correct the errors? Yes No
6. Do the articulation errors make the student's speech sound more noticeable or different from the speech of others the same age? Yes No
7. Does the student shy away from oral participation because of being self-conscious about the speech errors? Yes No
8. Are articulation errors affecting spelling? Yes No
9. Does the student have to repeat often to be understood? Yes No
10. Do the student's errors seem to affect academic performance? Explain _____

Interventions

Below are suggested interventions. The teacher must **complete at least two interventions** before referring a student for a student for a Speech evaluation. Please try these interventions daily for at least two weeks. Please indicate the areas of concern and make any comments that will better enable the team to assess this child. After completing the form, attach it to the referral form and **return it to the Speech Therapist.**

Pre-intervention date	Intervention	Post-Intervention Date	Effective? Can the student do it?
	Ask the student to imitate you as you make the sound(s) in isolation. (E.g., "Say fff," errr, sss, kuh, kuh,)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ask the student to imitate you as you say words containing the sound(s). List some of the words used:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ask the student to read single sentences containing the sound(s). Emphasize correct sound production.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Confer with parents to address specific articulation errors.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Teacher Signature _____

Date _____