

Teacher Evaluation
(Pre & post use of the Speech Easy Device)

Student's Name: _____

Teacher 's Name/Subject: _____ Date: _____

Dear Teacher: Please complete this questionnaire. Your observations are important for a description of _____ speech behavior in your classroom. If you have any questions, comments, or suggestions – please do not hesitate to contact me. When you have completed the form, you may place it into my mailbox. Thank you for your time.

(Speech-Language Pathologist)

	Before the use of the Speech Easy		When using the Speech Easy	
	Yes	No	Yes	No
1. Does this student appear to avoid talking in your class?	Yes	No	Yes	No
2. Do you think this student is aware of having problems when speaking?	Yes	No	Yes	No
3. Has this student ever talked to you about stuttering? Yes	No	Yes	No	Yes
4. Does this fluency problem ever distract you from what the student is saying?	Yes	No	Yes	No
5. Is this student delayed in reading or pre-reading skills?	Yes	No	Yes	No
6. Does this student have difficulties remembering or correctly repeating a sequence of words, ideas, directions, etc.?	Yes	No	Yes	No
7. Does struggle behavior (ex: eye blinks, facial grimaces) accompany the disfluencies? If yes, explain: _____ _____.	Yes	No	Yes	No
8. Describe the frequency with which the disfluencies occur: Periodically? _____ Daily? _____ If daily, all of the time?	Yes	No	Yes	No
9. Circle the situations which elicit disfluencies:				
<ul style="list-style-type: none"> • Asking questions in class • Volunteering information in class • Conversing with peers or teachers • Reading orally in class • Speaking under conditions of stress (ex: oral reports) 				
10. Other comments or observations:				