

Tangipahoa Parish School System
Special Education Department
SPEECH/LANGUAGE SCREENING

P F VOICE

Pitch: ___ appropriate ___ at risk
Volume: ___ appropriate ___ at risk
Nasality: ___ appropriate ___ at risk
Describe: _____

Quality: ___ hoarse ___ breathy ___ aphonic ___ raspy
 ___ normal ___ breath support

Comments: _____

P F FLUENCY

Flow of speech interrupted during conversation by:
___ repetitions ___ prolongations ___ interjections ___ blocking ___ rate

___ secondary characteristics –describe: _____

Comments: _____

P F ORAL PERIPHERAL (check if difficulty noted)

___ facial structure ___ labial mobility ___ lingual mobility
___ dentition ___ palatal movement ___ velopharyngeal closure
___ oral motor functioning

Comments: _____

OVERALL SCREENING RESULTS

___ PASS ___ FAIL ___ RESCREEN

Comments: _____

If Standardized Screening Instruments were administered, list below and attach:
