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,)		□Yes □No
	Ask the student to imitate you as you **say words** containing the sound(s). List some of the words used:		□Yes □No
	Ask the student to **read single sentences** containing the sound(s). Emphasize correct sound production.		□Yes □No
	Confer with parents to address specific articulation errors.		□Yes □No
	Other:		□Yes □No

Teacher Signature _____   Date_____