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Codes and Criteria for Voice Disability

Impairment Code: Y= Yes N= No **N/A** = Not Applicable

Evidence Code: **1** = voice measurements **2** = attitude/self-perception measures
3 = speech samples **4** = structured observation **5** = teacher report/interview
6 = child report/interview **7** = parent report/interview

Note: Numbers 5, 6 and 7 are not sufficient evidence, by themselves, of impairment. They must be supported by objective data.

Adverse Effect on Educational Performance Code:

1 = oral participation **2** = oral reading **3** = other curriculum/academic results*
4 = social-emotional adjustment/behavior **5** = reaction of self, peers, teachers, parents

** including curriculum standards for effective communication (language arts)*

Note: Number 5, reaction of self, peers, teachers, parents is not sufficient evidence, by itself, of an adverse educational impact.

Eligibility: The child exhibits chronic/persistent (at least six weeks duration) impairments in connected speech in at least one of the following areas, with accompanying adverse effect on educational performance in each area.

1. **Phonation**
2. **Resonance**
3. **Prosody**

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage, or lack of instruction in reading and mathematics and must not be related to unresolved upper respiratory infection, allergies or other medical conditions that are not being actively treated by a physician.

Note: No child should be enrolled for voice therapy without prior examination by an ear, nose and throat physician. However, the presence of a medical condition (e.g., vocal nodules) or a prescription from a physician does not a priori necessitate the provision of voice therapy as special education or a related service.

School District:

Summary of Evaluation Findings: Voice

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB_____

School _____ Grade_____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
PHONATION			
Isolation			
Total pitch range			
Optimum pitch			
Pitch appropriateness for age			
Pitch appropriateness for sex			
Loudness range			
Aphonia			
Breathiness			
Diplophonia			
Glottal fry			
Hoarseness			
Harshness			
Tremor			
Connected Speech			
Voice onset			
Voiceless to voiced			
Appropriateness of loudness			
Pitch breaks			
Pitch range			
Habitual pitch			

School District:

Child _____ Date_____

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
Aphonia			
Breathiness			
Diplophonia			
Glottal fry			
Hoarseness			
Harshness			
Tremor			
RESONANCE IN CONNECTED SPEECH			
Hypernasality			
Hyponasality			
Throatiness/cul de sac			
Nasal emission			
Assimilation nasality			
PROSODY IN CONNECTED SPEECH			
Stress			
Intonation			
RESPIRATION			
Type of Breathing Pattern			
At Rest			
In Connected Speech			
Breath Support for Speech			
Posture			
Tension			
ASSOCIATED FACTORS			
Vocal Abuse Behaviors			
Personality Factors			
ORAL MECHANISM			
Structure			
Function/Tension			
EAR, NOSE, THROAT EXAMINATION RESULTS			