

**Leland School District  
Language/Speech Observation Statement**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Date(s) of observation: \_\_\_\_\_

Directions: Please complete this observation statement form and submit to the psychometrist. Attach a copy of the screener(s) used and the results.

**Articulation**

- \_\_\_\_\_ No sound errors with age of mastery
  - \_\_\_\_\_ Sound errors were noted, however; outside age of mastery
  - \_\_\_\_\_ Further testing warranted
- Speech intelligibility was:
- \_\_\_\_\_ GOOD
  - \_\_\_\_\_ FAIR
  - \_\_\_\_\_ POOR
  - \_\_\_\_\_ UNINTELLIGIBLE

**Language**

- \_\_\_\_\_ Language skills appear to be adequate
- \_\_\_\_\_ Further testing warranted

**Fluency**

- \_\_\_\_\_ No problems with fluency observed
- \_\_\_\_\_ Further testing warranted

**Voice**

- \_\_\_\_\_ Vocal parameters of loudness, pitch, and quality were adequate
- \_\_\_\_\_ Further testing warranted

**Observation Statement:**

Signature: \_\_\_\_\_ Area: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_