

# Voice

- **Teacher Input**
- **Vocal Characteristics Checklist**
- **Voice Conservation Index for Children**
- **Vocal Self-Perception: Attitudinal Questionnaire**

## Teacher Input: Voice

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade/Program: \_\_\_\_\_

Your observations of the above student's speech will help determine if he or she has a voice problem which adversely affects educational performance. Please answer all questions and return this form to \_\_\_\_\_

	Yes	No
1. Is this student able to project loudly enough to be adequately heard in your classroom during recitations?	_____	_____
2. Does this student avoid reading out loud in class?	_____	_____
3. Does this student appear generally to avoid talking in your classroom?	_____	_____
4. Does this student ever lose his or her voice by the end of the school day?	_____	_____
5. Does this student use an unusually loud voice or shout a great deal in your classroom?	_____	_____
6. Does this student engage in an excessive amount of throat clearing or coughing? If so, which? _____ If so, how does it appear to disturb the other students, (e.g., their concentration, listening)? _____	_____	_____
7. Is this student's voice quality worse during any particular time of the day? If so, when? _____	_____	_____
8. Does this student's voice quality make it difficult to understand the content of his or her speech?	_____	_____
9. Does this student's voice quality in itself distract you from what he or she is saying?	_____	_____
10. Has this student ever mentioned to you that he or she thinks he or she has a voice problem?	_____	_____
11. Have you ever heard any of his or her peers mention that his or her voice sounds funny or actually make fun of this student because of his or her voice problem?	_____	_____
12. If this student has a pitch that is too low or too high, does his or her pitch make it difficult to identify him or her as male or female just by listening?	_____	_____
13. During speaking, does this student's voice break up or down in pitch to the extent that he or she appears to be embarrassed by this?	_____	_____

Additional observations/comments: \_\_\_\_\_

It is my opinion that these behaviors:

\_\_\_\_\_ Do not interfere with the child's participation in the educational setting.      \_\_\_\_\_ Do interfere with the child's participation in the educational setting.

\_\_\_\_\_ Date

\_\_\_\_\_ Classroom Teacher's Signature

Adapted from *Speech and Language Services in Michigan: Suggestions for Identification, Delivery of Service and Exit Criteria*, edited by Elizabeth Loring Lockwood and Kathleen Pistano. East Lansing: The Michigan Speech-Language-Hearing Association, 1991. Used with permission.

**Form 8-2. Vocal Characteristics Checklist**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

**Instructions:** Check each characteristic your client exhibits and indicate severity. Make additional comments on the right-hand side of the page.

- 1 = mild  
2 = moderate  
3 = severe

**Pitch****Comments**

\_\_\_\_\_ too high \_\_\_\_\_

\_\_\_\_\_ too low \_\_\_\_\_

\_\_\_\_\_ monotone \_\_\_\_\_

\_\_\_\_\_ limited variation \_\_\_\_\_

\_\_\_\_\_ excessive variation \_\_\_\_\_

\_\_\_\_\_ pitch breaks \_\_\_\_\_

\_\_\_\_\_ diplophonia \_\_\_\_\_

**Loudness**

\_\_\_\_\_ too loud \_\_\_\_\_

\_\_\_\_\_ too soft or quiet \_\_\_\_\_

\_\_\_\_\_ monoloudness \_\_\_\_\_

\_\_\_\_\_ limited variation \_\_\_\_\_

\_\_\_\_\_ excessive variation \_\_\_\_\_

**Phonatory-based Quality**

\_\_\_\_\_ breathy voice \_\_\_\_\_

\_\_\_\_\_ shrill voice \_\_\_\_\_

\_\_\_\_\_ strident voice \_\_\_\_\_

\_\_\_\_\_ harsh voice \_\_\_\_\_

\_\_\_\_\_ hoarse voice \_\_\_\_\_

*(continued)*

**Form 8-2 (continued)**

**Phonatory-based Quality**

**Comments**

\_\_\_\_\_ quivering voice \_\_\_\_\_

\_\_\_\_\_ tremor in the voice \_\_\_\_\_

\_\_\_\_\_ weak voice \_\_\_\_\_

\_\_\_\_\_ loss of voice \_\_\_\_\_

\_\_\_\_\_ glottal fry \_\_\_\_\_

**Nasal Resonance**

\_\_\_\_\_ hypernasal \_\_\_\_\_

\_\_\_\_\_ nasal emission \_\_\_\_\_

\_\_\_\_\_ assimilation nasality \_\_\_\_\_

\_\_\_\_\_ hyponasal (denasal) \_\_\_\_\_

**Oral Resonance**

\_\_\_\_\_ cul-de-sac \_\_\_\_\_

\_\_\_\_\_ chesty \_\_\_\_\_

\_\_\_\_\_ thin, babyish voice \_\_\_\_\_

**Other**

\_\_\_\_\_ reverse phonation \_\_\_\_\_

\_\_\_\_\_ progressively weakening voice \_\_\_\_\_

\_\_\_\_\_ aggressive personality factors \_\_\_\_\_

\_\_\_\_\_ breathing through the mouth \_\_\_\_\_

\_\_\_\_\_ hard glottal attacks \_\_\_\_\_

\_\_\_\_\_ inadequate breath support \_\_\_\_\_

\_\_\_\_\_ throat clearing \_\_\_\_\_

\_\_\_\_\_ disordered intonational patterns \_\_\_\_\_

\_\_\_\_\_ disordered stress patterns \_\_\_\_\_

# APPENDIX

## VOICE CONSERVATION INDEX FOR CHILDREN\*

CHILD'S INITIALS: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

Please circle the answer that is best.

- |  |              |                  |               |                 |       |
|--|--------------|------------------|---------------|-----------------|-------|
| 1. When I get a cold, my voice gets hoarse.  | All the time | Most of the time | Half the time | Once in a while | Never |
| 2. After cheering at a ball game, I get hoarse.                                    | All the time | Most of the time | Half the time | Once in a while | Never |
| 3. When I'm in a noisy situation, I stop talking because I think I won't be heard. | All the time | Most of the time | Half the time | Once in a while | Never |
| 4. When I am in a noisy situation, I speak very loudly.                            | All the time | Most of the time | Half the time | Once in a while | Never |
| 5. At home or at school I spend a lot of time talking every day.                   | All the time | Most of the time | Half the time | Once in a while | Never |
| 6. Outside I like to talk to people who are far away from me.                      | All the time | Most of the time | Half the time | Once in a while | Never |
| 7. When I play outside with my friends, I yell a lot.                              | All the time | Most of the time | Half the time | Once in a while | Never |
| 8. I lose my voice when I don't have a cold.                                       | All the time | Most of the time | Half the time | Once in a while | Never |
| 9. People tell me I talk too loudly.   | All the time | Most of the time | Half the time | Once in a while | Never |
| 10. People tell me I never stop talking.   | All the time | Most of the time | Half the time | Once in a while | Never |
| 11. I like to talk.  | All the time | Most of the time | Half the time | Once in a while | Never |
| 12. I talk on the phone.   | All the time | Most of the time | Half the time | Once in a while | Never |
| 13. At home, I talk to people who are in another room.                             | All the time | Most of the time | Half the time | Once in a while | Never |
| 14. I like to make car or other noises when I play.                                | All the time | Most of the time | Half the time | Once in a while | Never |
| 15. I like to sing.  | All the time | Most of the time | Half the time | Once in a while | Never |
| 16. People don't listen to me unless I talk loudly.                                | All the time | Most of the time | Half the time | Once in a while | Never |

\*Saniga and Carlin (1991).

## APPENDIX A

### VOCAL SELF-PERCEPTION: ATTITUDINAL QUESTIONNAIRE

1. Do you ever think about your voice? Yes    No    No  
Opinion
  
2. Have you ever heard your voice on tape playback (e.g., on  
cassette recorder, answering machine)? Yes    No
  
3. Did you like your voice on tape playback? Yes    No    No  
Opinion  
 If Yes or No, what did you like or dislike about your  
 voice?  


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4. Has anyone ever commented on your voice? Yes    No  
 If Yes, what was said?  


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5. Do you think your voice represents your image of yourself  
(masculine, feminine, intelligent, educated, friendly, etc.)? Yes    No    No  
Opinion  
 If Yes or No, in what way?  


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6. Do any of your friends, male or female, have voices that  
you especially like? Yes    No    No  
Opinion  
 If Yes, explain.  


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7. Do any of your friends, male or female, have voices that  
you especially dislike? Yes    No    No  
Opinion  
 If Yes, explain.  


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8. Does your voice sound like that of any other member of  
your family? Yes    No    No  
Opinion  
 If Yes, explain.  


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9. Circle any words below that describe your voice and the  
way you speak in general (either on tape replay or while  
actually talking).  
 pleasant,    sexy,    raspy,    hoarse,  
 harsh,    shrill,    squeaky,    monotonous,  
 nasal,    mumble,    too loud,    too soft,  
 high-pitched,    low-pitched,    growl,  
 too fast,    too slow,    weak,    breathy,  
 husky,    clear,    strong,    thin,    whiney,  
 interesting,    resonant,    masculine,  
 feminine,    expressive,    average  
 (Add any other terms that may describe your voice).  


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