

ORAL COMMUNICATION EVALUATION

Name: _____ Date: _____
Last First Middle or Maiden

DIRECTIONS: Present a passage (separate sheet) for student to read. Note and record any articulation or voice abnormalities below.

I. ARTICULATION

Acceptable _____

s _____ l _____ r _____ other _____

Dialectical Variation _____ Enunciation _____

Comments _____

II. VOICE QUALITY

Acceptable _____

nasal _____ hoarse _____ denasal _____ other _____

pitch _____ rate _____ volume _____

Comments _____

Oral Communication

_____ I DO RECOMMEND _____ I DO RECOMMEND CONDITIONALLY _____ I DO NOT RECOMMEND

this student for admission to Teacher Education. If DO NOT or CONDITIONALLY, please indicate why in the space provided below.

Faculty/Staff Signature