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