VOICE EVALUATION PROTOCOL

Student: ___________________________  Date: ____________________________
Date of Birth: ___________________________  SLP: ____________________________
Teacher: ___________________________  Grade: ____________________________

**VOICE AREA**

**A. PHONATION / VOCAL QUALITY**

1. **Hoarseness**
   (Combination of harshness and breathiness lasting longer than 30 days)
   Use Visual Analog Scale to score this on a 1 - 100 continuum
   0 = Normal
   100 = Very Severe

2. **Harshness/Tension**
   Consider both in your rating.
   (Unpleasant, rough voice with neck and shoulder tension present)
   Use Visual Analog Scale to score this on a 1 - 100 continuum
   0 = Normal
   100 = Very Severe

3. **Hard/Harsh Glottal Attack**
   (Unpleasant burst of sound forcing vocal folds together during vowel production)
   Use Visual Analog Scale to score this on a 1 - 100 continuum
   0 = Normal
   100 = Very Severe

4. **Breathiness**
   (Audible, excessive airflow released during phonation)
   Use Visual Analog Scale to score this on a 1 - 100 continuum
   0 = Normal
   100 = Very Severe

5. **Aphonia**
   (Intermittent or consistent inability to phonate)
   Score as:
   Absent = 0
   Present = 100

6. **Tremor**
   (Uneven breaks in voice, unsteadiness in voice)
   Score as:
   Absent = 0
   Present = 100

**VOICE AREA**

**B. RESONANCE**

1. **Hypernasality**
   (Excessive nasal airflow/resonance carried on vowels)
   Use Visual Analog Scale to score this on a 1 - 100 point continuum
   0 = Normal
   100 = Very Severe

2. **Nasal Air Emission**
   (Bursts of nasal air carried on consonants)
   Score as:
   Absent = 0
   Present = 100

3. **Articulation Errors**
   (Specifically glottal stops, nasal fricatives, pharyngeal fricatives)
   Scores as:
   Absent = 0
   Present = 100

Aphonia may result from severe vocal abuse, but also could be a symptom of a medical disorder.
Aphonia could also be a symptom of a neurological or structural issue that will not respond to therapy.
Input from the physician will help determine if this student will benefit from intervention.

Tremor is sometimes an indication of neurological problems. If present, check case history for evidence of diagnosed neurological issues. It may be necessary to refer to a neurologist for consultation. However, tremor does not qualify a student for voice therapy.
### VOICE AREA

#### C. Pitch

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
<th>Score as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habitual Speaking Pitch</td>
<td>Too high, too low, consider appropriateness for age/gender. Use provided Visual Analog Scale to score this on a 1 - 100 continuum</td>
<td>Absent = 0, Present = 100</td>
</tr>
<tr>
<td>Pitch Range</td>
<td>Ability to produce 2-octave range</td>
<td>Produced 2 Octave Range = 0, Could not produce 2 Octave Range = 100</td>
</tr>
<tr>
<td>Pitch Breaks</td>
<td>Sudden, uncontrolled, inappropriate changes in pitch</td>
<td>Absent = 0, Present = 100</td>
</tr>
</tbody>
</table>

Pitch breaks that occur as the result of voice changes during puberty should be rated as 0 (i.e. within normal limits).

#### Associated Factors

Associated factors alone do not qualify a student for voice therapy, however these factors are significant in determining voice therapy goals.

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<tr>
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<tr>
<td>Habitual Volume</td>
<td>Choose one: Too Soft, Too Loud. Use provided Visual Analog Scale to score this on a 1 - 100 continuum</td>
<td></td>
</tr>
<tr>
<td>Breathing Pattern</td>
<td>Clavicular, diaphragmatic, shortness of breath/panting, audible breath/stridor, runs out of breath at end of phrase. Use Visual Analog Scale to score this on a 1 - 100 point continuum</td>
<td></td>
</tr>
<tr>
<td>Efficiency of Air Use</td>
<td>(s/z ratio less than 1 is normal; counting on one breath for 10 seconds) Use Visual Analog Scale to score this on a 1 - 100 point continuum</td>
<td></td>
</tr>
<tr>
<td>Throat Clearing / Coughing</td>
<td>Use Visual Analog Scale to score this on a 1 - 100 continuum</td>
<td></td>
</tr>
<tr>
<td>Abusive Vocal Noises</td>
<td>Grunting, excessive motor noises</td>
<td></td>
</tr>
<tr>
<td>Hyponasality</td>
<td>Reduced nasal airflow/resonance on /m/, /n/, /ng/ and vowels</td>
<td>Hyponasality results from atypical structure. It may be necessary to refer to an ENT</td>
</tr>
<tr>
<td>Cul-de-sac Resonance</td>
<td>Result of posterior tongue carriage</td>
<td>Cul-de-sac resonance results from atypical structure. It may be necessary to refer to an ENT</td>
</tr>
</tbody>
</table>
### Voice Impairment Score

<table>
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<tr>
<th>Voice Impairment Structure</th>
<th>Score</th>
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</table>

1. Oral Mechanism Structure
   - Fistula, Unrepaired Cleft Palate, Submucous Cleft Palate, Short Palate, Large Tonsils
   - Scores as:
     - Absent = 0
     - Present = 100

2. Otolaryngology Examination / Results
   - Attach if applicable

### Additional Information

#### EVIDENCE

Circle **ALL** That Apply

1. Parent Report
2. Student Report
3. Teacher Report
4. Physician Report
5. Speech Language Pathologist

#### ADVERSE EFFECT ON EDUCATIONAL PROCESS

Circle **ALL** That Apply

1. Oral Communication (Oral Participation and Oral Reading)
2. Social Emotional Adjustment / Behavior
3. Reaction of peers, teachers, parents