

## APPENDIX FIVE

### Evaluation Forms

Name: \_\_\_\_\_

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

#### Chapter One Vocal Profile

(Complete following Chapter One)

*Directions:* Answer the questions below to assist your instructor in understanding your voice and your objectives for this course.

Place of birth: \_\_\_\_\_

List places you have lived for over a year (until age 10 or 12): \_\_\_\_\_

Parents' language or linguistic heritage: \_\_\_\_\_

Your age: \_\_\_\_\_

List any physical or health considerations (include dental work) that would apply to speech:

Describe your professional goals:

Describe the way your voice sounds to you (nasal, high pitched, clear, etc.):

Describe how others have described your voice:

List at least three things you hope to learn or wish to change:

Name: \_\_\_\_\_

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

## Chapter One Evaluation

### Voice and Diction Overview

*Directions:* Using this form, pinpoint any special areas of voice and diction needing improvement. Place a checkmark at the appropriate descriptor and then write your observations in the space provided.

PITCH: Too high: \_\_\_\_\_ OK: \_\_\_\_\_ Too low: \_\_\_\_\_

General observations:

\_\_\_\_\_

VOLUME: Too loud: \_\_\_\_\_ OK: \_\_\_\_\_ Too soft: \_\_\_\_\_

General observations:

\_\_\_\_\_

RATE: Too fast: \_\_\_\_\_ OK: \_\_\_\_\_ Too slow: \_\_\_\_\_

General observations:

\_\_\_\_\_

\_\_\_\_\_

QUALITY: \_\_\_\_\_

Name: \_\_\_\_\_

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

Describe how your voice sounds:

Do you have any special difficulties?

General observations:

ARTICULATION: Muffled: \_\_\_\_\_ Clear: \_\_\_\_\_ Dialect: \_\_\_\_\_

Special articulation features:

General observations:

GENERAL OVERVIEW: Monotonous: \_\_\_\_\_ Varied: \_\_\_\_\_

General observations:

YOUR GOALS:

YOUR PLAN FOR ACHIEVING THOSE GOALS: