

Text-to-Speech/Read Aloud Parent/Guardian Questionnaire

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Date: _____

The following questions will help guide decisions on providing the text-to-speech/read aloud support to your student.

Does your student enjoy reading to themselves at home? ☐ Yes ☐ No

Does your student use text-to-speech at home? ☐ Yes ☐ No

Does your student regularly use assistive technology software or audio books at home? ☐ Yes ☐ No

Does someone (e.g., parent, sibling) regularly read aloud to your student at home? ☐ Yes ☐ No

Is your student an English learner (EL)? ☐ Yes ☐ No

Has your student taken the practice and training tests with the text-to-speech designated support enabled? ☐ Yes ☐ No

Are you requesting that your student be provided the text-to-speech or read aloud support? ☐ Yes ☐ No

If you are requesting the text-to-speech or read aloud support, please provide additional information to support your request.
