

FLUENCY of SPEECH (Stuttering)

Student _____ School _____ Grade _____

Teacher _____ Date _____ Languages Spoken in Home _____

Your observations and responses will help determine if there is a speech or language deficit that adversely impacts educational performance. Educational performance reflects a student's ability to participate in social, academic & vocational tasks.

These responses will be considered as part of a more complete evaluation.

	Yes	Some times	No	Comments
Does the student's speech patterns impact your ability to understand them in normal conversation? <i>If yes or sometimes, check appropriate description:</i> <input type="checkbox"/> Occasional Difficulty (less than 20% of the time) <input type="checkbox"/> Frequent Difficulty (20-50% of the time) <input type="checkbox"/> Consistent Difficulty (50% or more)				
Does this student ever appear frustrated or embarrassed because of their speech patterns?				
Does the student avoid speaking in class or other situations because of their disfluencies?				
Has the student ever expressed concern about his/her speech?				
Does the student make the same errors when reading aloud as he/she does when speaking?				
Does the student's speech negatively impact their reading performance in class or on any classroom-based assessment?				
Does the student's speech distract listeners from what he/she is saying?				
Do you feel like the student's stuttering affect how other adults perceive the student's abilities?				
What speaking situations seem to be the most difficult for the student?				
What patterns do you see in the child's speech?	Occasionally	Often	Never	
Repeats whole words ("Go-go-go away.")				
Repeats parts of words ("W-w-w-wait for me")				
Prolongs or holds onto a sound "Sssssssam is nice"				
Gets stuck trying to get a word out				
Uses noticeable physical behaviors during stuttered speech (such as eye blinks, facial grimaces, tongue clicks, etc.)				
Additional Comments:				

Please rate the impact of any speech concerns on his/her social, emotional, academic, and or vocational functioning. Check one:

___ Does not interfere ___ Minimal impact ___ Often interferes ___ Seriously limits

Please return completed form to the SLP by: _____