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Speech Fluency and Stuttering

1. When did your child first start stuttering? (Be as specific as possible.)

2. What did the stuttering sound like when it first began?

3. Describe how your child's speech sounds now

4. What seems to help your child when he or she is stuttering?

5. Has your child ever demonstrated any:

- awareness of stuttering physical tension during stuttering
- frustration about speaking complaints that s/he "can't talk"

Describe: _____

6. Has your child ever been teased about stuttering? Yes No

Describe: _____

7. Has your child ever discussed his/her speaking difficulties with you? Yes No

Describe: _____

8. Is there any history of stuttering in the family? Yes No
- Do any of the child's parents, brothers, or sisters stutter? Yes No
- Anyone on child's mother's side? Yes No
- Anyone on child's father's side? Yes No

Describe the relative(s)' stuttering. _____

9. Have you or your child ever known another person who stutters? Yes No

Who? _____

10. Rate how often your child is able to speak fluently in the following situations (circle one in each column):

- | At Home | At School | In New Situations |
|--|--|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Always | <input type="checkbox"/> Always |
| <input type="checkbox"/> Almost Always | <input type="checkbox"/> Almost Always | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Rarely | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | <input type="checkbox"/> Never | <input type="checkbox"/> Never |

11. Rate how often your child is able to speak freely, regardless of fluency (circle one in each column):

At Home

- Always
- Almost Always
- Sometimes
- Rarely
- Never

At School

- Always
- Almost Always
- Sometimes
- Rarely
- Never

In New Situations

- Always
- Almost Always
- Sometimes
- Rarely
- Never

12. How does the child's stuttering affect his or her:

Academic performance? _____

Participation in school activities? _____

Interaction with other children? _____

Interaction with family members? _____

Willingness to talk and communicate? _____

Self-esteem or attitude toward self? _____