

STUTTERING AND FLUENCY

PARENT INPUT FORM

Student's Name: _____ **Date:** _____

Parent's Name: _____ Birth Date/Age _____ / _____

Language spoken at home/school: _____ / _____

Your input will help us understand your child's speech skills better.

Please answer by circling N (Never), S (Sometimes), F (Frequently), A (Always)

- | | | | | | |
|---|---|---|---|---|---|
| 1. My child makes revisions (starting and stopping over again). | N | S | F | A | |
| 2. My child uses frequent interjections (um, like, you know). | N | S | F | A | |
| 3. My child repeats whole words (we-we-we-). | | N | S | F | A |
| 4. My child repeats phrases (and then, and then). | N | S | F | A | |
| 5. My child repeats part of words (ta-ta-take). | | N | S | F | A |
| 6. My child repeats sounds (t-t-t-take). | | N | S | F | A |
| 7. My child prolongs or holds onto a sound (n-----obody). | N | S | F | A | |
| 8. My child blocks (noticeable tension – no sound comes out). | N | S | F | A | |
| 9. My child makes associated face or body movements to help get the words out
(visible tension, head nods, eye blinking, grimacing). | | N | S | F | A |
| 10. My child has abnormal breathing patterns. | | N | S | F | A |
| 11. My child has vocal tension. | N | S | F | A | |
| 12. My child speaks rapidly. | | N | S | F | A |
| 13. My child avoids speaking situations. | | N | S | F | A |
| 14. My child avoids eye contact. | | N | S | F | A |
| 15. My child is frustrated by his/her speech difficulty. | N | S | F | A | |
| 16. My child is teased or mimicked because of his/her speech. | N | S | F | A | |
| 17. Rate your concern for your child's communication skills. | | | | | |

None 0 1 2 3 4 A lot

18. When did your child first begin to stutter? _____
19. What things seem to help your child's speech? _____ 20.
- What things seem to make your child's speech worse? _____
21. What situations seem to be the most difficult/stressful for your child? _____
22. Does he/she stutter more during these situations? _____
23. What reaction does your child have when he/she stutters? _____
24. What do you do when your child stutters? _____
25. How do you help your child speak differently or better? _____
26. Has anything changed during the last 6 months or have there been any significant life events (e.g. death, divorce, major illness)? _____ 27. Are there any other members of your family that stutter? _____ Who? _____
- Please describe their speech: _____
28. Has your child had any previous therapy experiences? _____
- If yes, please describe: _____
29. Is there any other information you think would be helpful? _____

Parent Signature _____

Date _____