

STUTTERING AND FLUENCY

TEACHER INPUT FORM

Student's Name: _____ Date: _____

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

Language spoken at home/school: _____ / _____

This student has been referred for or is receiving stuttering/fluency services. Please answer the following questions to help me gain a better overall view of this student's skills.

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

1. This student:

| | | | | |
|--|---|---|---|---|
| seldom volunteers to participate in class. | N | S | F | A |
| is difficult to understand in class. | N | S | F | A |
| avoids speaking in class. | N | S | F | A |
| demonstrates frustration when speaking. | N | S | F | A |

2. This student stutters when he/she:

| | | | | |
|--------------------------------|---|---|---|---|
| speaks to the class. | N | S | F | A |
| gets upset. | N | S | F | A |
| shares ideas or tells a story. | N | S | F | A |
| answers questions. | N | S | F | A |
| talks with peers. | N | S | F | A |
| carries on a conversation. | N | S | F | A |
| reads aloud. | N | S | F | A |
| talks to adults. | N | S | F | A |

3. Check any of the following behaviors you have noticed in this child's speech:

| | |
|---|---|
| <input type="checkbox"/> sound repetitions (t-t-take) | <input type="checkbox"/> prolongations (n-----obody) |
| <input type="checkbox"/> revisions (starting and stopping then starting over again) | <input type="checkbox"/> block (noticeable tension/no speech comes out) |
| <input type="checkbox"/> frequent interjections (um, like, you know) | <input type="checkbox"/> unusual face or body movements (visible tension, head nods, eye movements) |
| <input type="checkbox"/> word repetitions (we-we-we) | <input type="checkbox"/> abnormal breathing patterns |
| <input type="checkbox"/> phrase repetitions (and then, and then) | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> part-word repetitions (ta-ta-take) | |

4. When this child has difficulty speaking he/she reacts by: _____

5. When this child has difficult speaking, I respond by: _____

6. Has this student been teased or mimicked because of his/her speech? Yes No If yes, please explain: _____

7. How does the student's stuttering affect classroom participation or educational performance? _____

8. Some questions I have about stuttering or about helping this student be successful in the classroom would be: _____

9. Comments (use back if needed): _____

Teacher Signature _____

Date _____