Speech Therapy
Fluency Intervention Form

CHILD'S NAME:	Date Interventions began:
TEACHER'S NAME:	Date Interventions completed:

Directions: *Implement the selected fluency interventions in the student's classroom. Mark (+) or (-) in the box to indicate whether or not the intervention was successful. . (+) indicates the student's speech was smooth, without disfluencies. (-) indicates that the student's speech was not fluent (i.e. bumpy or stuck). Pre-referral interventions must be implemented several times across a minimum of two weeks.*

Fluency Interventions	Date 1	Date 2	Date 3	Date 4	Date 5
● Pick a topic to talk with the child about for one minute. *(Ideas: favorite game, favorite TV show, favorite movie, family members, friends, vacation, etc.)* ● Slow your own rate of speech during the interaction.					
● When you waited patiently, showing interest and do not fill in any words for the student. ● Did you see a difference?					
● Did the student exhibit any disfluencies when time pressures were removed?					
● Do not ask the student to stop and start over. ● Accept whatever quality of language is expressed and then give positive regard for the content of the communication.					
● Discourage interruptions when the student gets stuck on a work, sound, or sentence.					

Observations:

_____

_____

_____

_____

Interventions were effective: ☐ Yes ☐ No

Parent(s) contacted regarding concern _____(date)

Check one: ☐ by phone ☐ in person ☐ in writing

_____ _____

Classroom Teacher Date

Speech Therapy
Teacher Input-Fluency

Child's Name: _____ Date: _____

Teacher's Name: _____ Grade: _____

Your observation and responses concerning the above student will help determine if a fluency problem exists which adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic and vocational performance.)

	Yes	**No**
1. Does the student have characteristics associated with stuttering (e.g. part or whole word repetitions, silent blocks, sound or word prolongations)?	☐	☐
2. Are the stuttering characteristics accompanied by other behaviors (e.g. tension in the upper trunk, neck and head, facial tics, body movements)?	☐	☐
3. Does the stuttering make it difficult to understand the content of his/her speech?	☐	☐
4. Does the student appear to talk less in the classroom because of the stuttering?	☐	☐
5. Does the student avoid verbal participations during classroom activities?	☐	☐
6. Does the student avoid verbal participations in social situations?	☐	☐
7. Do you think the student is aware of his/her communication problems?	☐	☐
8. Have the student's parents talked to you about his/her fluency disorder?	☐	☐

Do you have any other observations relating to this student's communication skills?

_____
_____
_____
_____

It is my opinion that these behaviors:

☐ DO NOT adversely affect educational performance

☐ DO adversely affect educational performance

_____ _____

Classroom Teacher Date