

Parent Checklist: Fluency/Stuttering

Child's name _____ Date of birth _____

Person completing this form _____ Date _____

Return to _____ by _____

Your input will help us understand your child's speech skills. Please check the following. Thank you.

My child....	Yes	Sometime	No
repeats whole words "why, why, why, why"			
repeats parts of words			
reports sounds "w-w-w-w-hy"			
prolongs or holds onto a sound "w-----hy"			
blocks - sounds and airflow are shut off			
is frustrated by his/her speech difficulty			
has a family member with similar difficulty			
has vocal tension			
avoids speaking situations			
avoids eye contact			
has associated physical behaviors (eye blinking, body movements, grimacing, etc.)			
speaks rapidly			

Rate your concern for your child's communication skills.

None 0 1 2 3 A lot

When did your child first begin to stutter? _____

What things seem to help your child's speech? _____

What things seem to make your child's speech worse? _____

Which situations seem to be the most difficult for your child? _____

Tell us about the speech of members of your family. Does anyone: speak like your child, speak rapidly, or stutter? If so, who? _____
 (Describe) _____

What other information do you think would be helpful for this evaluation?