

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 selecting N (Never), S (Sometimes), F (Frequently), AA (Almost Always)

1. My child makes revisions (starting and stopping over again).
2. My child uses frequent interjections (um, like, you know).
3. My child repeats whole words (we-we-we-).
4. My child repeats phrases (and then, and then).
5. My child repeats part of words (ta-ta-take).
6. My child repeats sounds (t-t-t-take).
7. My child prolongs or holds onto a sound (n-----obody).
8. My child blocks (noticeable tension – no sound comes out).
9. My child makes associated face or body movements to help get the words out (visible tension, head nods, eye blinking, grimacing).
10. My child has abnormal breathing patterns.
11. My child has vocal tension.
12. My child speaks rapidly.
13. My child avoids speaking situations.

16. My child is teased or mimicked because of his/her speech.

17. Rate your concern for your child's communication skills.

None 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. Has your child had any previous therapy experiences? If yes, please describe:

28. Are there any other members of your family that stutter? If yes, who?

Please describe their speech:

29. Is there any other information you think would be helpful?