

Stuttering and Fluency Teacher Input Form

Student's Name:

Date:

Teacher's Name:

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

1. This student:

Volunteers to participate in class.

Is difficult to understand in class.

Avoids speaking in class.

Demonstrates frustration when speaking.

2. This student stutters when he/she:

Speaks to the class.

Gets upset.

Shares ideas or tells a story.

Answers questions.

Talks with peers.

Carries on a conversation.

Reads aloud.

Talks to adults.

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

Revisions (starting and stopping and starting over again)

Unusual face or body movements (visible tension, head nods, eye movements)

Frequent interjections (um, like, you know)

Block (noticeable tension/no speech comes out)

Word repetitions (we-we-we-)

Abnormal breathing patterns

Phrase repetitions (and then, and then)

Prolongations (n-----obody)
Other:

Part-word repetitions (ta-ta-take)

Sound repetitions (t-t-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?
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: