

Fluency Parent Input

Student Name: _____ **Date of Birth:** _____

Person Completing the Form: _____ **Date:** _____

At what age did your child begin having difficulty speaking smoothly?

Have the concerns **improved** or **worsened** since that time? (please circle)

Below are some examples of stuttering/disfluencies. Please check all that you observe in your child:

- frequent interjections (“um,” “like,” “you know,” “well,” etc)
- repeats sounds, syllables, words, and/or phrases
- prolongs sounds (ssssssssssssaturday, nnnnnnnnobody, etc)
- blocks, or gets stuck, and is not able to get the sounds/words out
- revisions (stops and starts over when verbalizing)
- unusual face or body movements when speaking, or just prior to speaking

	Yes	No
Have there been any changes at home which correspond to the start or increase in disfluencies? If yes, please explain:		
Is there a family history of stuttering? If yes, list the relationship to the child?		
Does your child have difficulty saying any sounds in particular? If yes, please describe:		
Does your child’s difficulty speaking seem to come and go? If yes, please describe:		
My child demonstrates disfluencies when:		
• angry		
• excited		
• answering questions		
• reading aloud		
• talking with peers		
• talking with adults		
• talking on the phone		
• singing		

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):