

Teacher Questionnaire for Fluency

Student: _____ DOB: _____ Date: _____

Teacher's Name: _____

Observation Period/Subject(s): _____

1. Please describe this child's speech difficulty.

2. Since you have known him/her, has problem has become--
(Please check one.)

Worse? Better? Remained the same?

3. Please indicate the type of speech problems this child has:

	Seldom Or Not Observed	Sometimes	Often
a. Hesitations – Pauses as if thinking about what to say before or during speaking.	_____	_____	_____
b. Interjections – Adds sounds, syllables or words when speaking. (“Well, I want to, well, go home.” Or, “ Do you, do you, want some?”)	_____	_____	_____
c. Revisions of phrases or sentences Changes what is said. (“I want to, I’d like to go somewhere, can I go with you?”)	_____	_____	_____
d. Phrase repetitions (“Can I, can I, can I, get some candy?”)	_____	_____	_____
e. One-syllable word repetitions – Two or less with no tension. (“Can I get, get, get some paper?”)	_____	_____	_____

		Seldom Or Not Observed	Sometimes	Often
f.	Part-word syllable repetitions -- Two or less, no tension. ("Tea, tea, Teacher, when is lunch?")	_____	_____	_____
g.	One syllable word repetitions — Three or more <u>or</u> uneven stress. ("I, I, I, I, can do it. Or "I, I can do it.")	_____	_____	_____
h.	Part-word syllable repetitions -- Three or more <u>or</u> uneven stress. ("I want a pu, pu, pu, puppy." Or, " I want a pu, P Uppy.")	_____	_____	_____
i.	Sound repetitions, especially "uh". (W, w, well, can I go?" or Uh, uh, can I, uh, go, uh, uh, home?")	_____	_____	_____
j.	Prolongations – Stretching or holding onto a sound. ("Bbbbbbbbut, I want that.")	_____	_____	_____
k.	Increased muscle tension noted in the mouth, throat or lips. (He seems to press lips together tightly or force words out.)	_____	_____	_____
l.*	Non-speech behaviors. (Blinks eyes, slaps body, bends or moves body in some way to get speech started.)	_____	_____	_____

4. Please indicate to what degree this child is aware of his/her speech problem. (Please check.)

_____ Child shows little or no awareness of his speech difficulties.

_____ Child shows some awareness of his/her speech difficulties. (More surprise than fear or embarrassment.)

_____ Child is annoyed by his/her speech difficulties.

This form was designed by Kathy Swiney, M.A., CCC-SLP; BRS-FD, and reviewed by Hugo Gregory, Ph.D2 in August 2000. It includes information from: Gregory, H. H. & Hill, D. (1993). Differential evaluation — Differential therapy for stuttering children. In R.F. Curlee (ed.) *Stuttering and Related Disorders of Fluency*. New York: Thieme.

_____ Child shows fear of speaking and embarrassment after stuttering

_____ Child shows very strong negative feelings about his/her speech.
I feel that this child is avoiding some people or situations to keep from stuttering. If you check this item, please answer the question below.

5. What situations does he/she avoid? (Talking in a group, making oral reports, answering questions in class, etc.)

6. How do the other students react to this child's speech?

7. Do you consider this child to be more sensitive than most children?
Is this child likely to be upset if he or she can't do something well?

8. Other comments or concerns:

Please return this form to: _____ as soon as possible.