FLUENCY INFORMATION FROM THE TEACHER

THIS FORM IS TO BE COMPLETED BY SCHOOL PERSONNEL BASED UPON OBSERVATIONS IN THE CLASSROOM. THIS FORM IS NOT TO BE COMPLETED BY PARENTS/GUARDIANS.

FLUENCY INFORMATION

Student’s Name _______________________________________________

B. D. ________________ Age _________ Date ______________________

Teacher/Support Staff___________________________________________

School ____________________________ Grade______________________

Your observations of this student’s ORAL COMMUNICATION SKILLS will help determine if there is a fluency problem which adversely affects the student’s ability to communicate effectively in school learning and/or social situations.

Fluency refers to the typical rate and rhythm of connected speech. When disruption occurs, this is known as disfluency and/or stuttering.

1. Check any of the following behaviors that you have noticed in this student’s speech:

   - Revisions (starting and stopping and starting over again). ( )
   - Frequent interjections (um, like, you know). ( )
   - Phrase repetitions (and then, and then). ( )
   - Pauses or hesitate while speaking (“He … went away.”) ( )
   - Word repetitions (we-we-we). ( )
   - Part word repetitions (t-t-take; mo-mo-mom). ( )
   - Prolongations (no____body). ( )
   - Blocks (noticeable tension/no speech comes out). ( )
   - Unusual face or body movements (head nods, eye movement). ( )
   - Abnormal breathing patterns. ( )

Other _______________________________________________________

_______________________________________________________

2. Answer the following questions with YES or NO.
• Do you listen to HOW the student is speaking rather than WHAT he/she is saying?
• Does this student avoid speaking in the classroom?
• Do classmates react to this student when he/she is stuttering?
• If so, does this student have negative responses to the peers’ reactions? 
  (stops talking, more stuttering, withdraws, etc.)
• Do you feel uncomfortable when you try to communicate with this student?
• Do you think this student is aware of his/her fluency problem?

3. INFORMATION QUESTIONS

• How long have you observed the problem?
• How long have you been concerned about the disfluencies in this student’s speech?
• Has the disfluency been consistent or intermittent?
• Can you recall any unusual event near the onset of the problem? 
  (child, family, environment)
• Have the parent(s)/caregivers ever mentioned the student’s fluency problems? 
  If yes, what was discussed?
• Is there a history of stuttering in the biological family?
• Has the student ever talked to you about his/her speech problem? 
  If yes, what was discussed?
• What other information might be helpful in looking at this student’s fluency skills?
• Do you have any other concerns regarding this student’s speech and language skills, 
  academic functioning, or social appropriateness?

Thank you for taking time to share this helpful information. Please return this form 
to_________________________________SLP by ______________DATE.

Source:  SEDOL; Judith Eckardt, SLP, Board Recognized Fluency Specialist, USA, 8/03