

Stuttering Questionnaire For Parents

Name: _____ Teacher: _____

Date: _____ Parent Completing Form: _____

1. How long ago and at what age did you first notice your student stuttering?
2. List any additional concerns other than with stuttering/disfluent speech:
3. Are there any changes at home that correspond to the start or increase in stuttering (i.e., new baby, relocation, etc.)?
4. Please list any medications your student takes on a regular basis:
5. Is there a family history of stuttering?

Below are some examples of stuttering/disfluent speech: (Check all that apply)

- _____ has frequent interjections (um, like, you know, well-um, etc)
- _____ repeats the beginnings of words (b-b--ball, p-p-puppy, da-da-daddy)
- _____ repeats whole words (I-I-I, he-he-he, we-we-we)
- _____ repeats phrases (I want to- I want to- I want to go, and then- and then- and then we went)
- _____ prolongs sounds (S-----S- Saturday, n-----nobody)
- _____ blocks or gets stuck and is not able to get the sounds and words out. (tension is noticed)
- _____ revises phrases – (starts to talk, then stops, then starts over again- sometimes changing the words)
- _____ has unusual breathing patterns
- _____ has unusual face or body movements (i.e., head nods, eye blinks/eye movements, facial grimaces) Describe:

This student is disfluent or stutters when he/she: (check all that apply)

- | | |
|--------------------------|------------------------------|
| _____ gets upset | _____ talks on the telephone |
| _____ answers questions | _____ reads aloud |
| _____ talks with friends | _____ talks with adults |

Please list your concerns about the student's speech: