

**Teacher Input - Fluency**

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| --- | --- | --- | --- |
| Date: |  | SAU: |  |
| Child’s Name: |  | School: |  |
| Date of Birth: |  | Grade: |  | School Phone: |  |
| Parent/Guardian Name: |  |  | School Address: |  |
| Parent/Guardian Address: |  |  | City, State Zip: |  |
| Parent/Guardian City, State Zip: |  |  | School Contact: |  |

**Your observations of the above student’s speech will help determine if there is a fluency problem which is adversely affecting educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Pathologist.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| 1) | Does the student have characteristics associated with stuttering (e.g. part of who word repetitions, silent blocks, sound or word prolongations)? | [ ]  | [ ]  |
| 2) | Are the stuttering characteristics accompanied by other behaviors (e.g. tension in the upper trunk, head and neck, facial tics, body movements)? | [ ]  | [ ]  |
| 3) | Does stuttering make it difficult to understand the content of his/her speech? | [ ]  | [ ]  |
| 4) | Does the student appear to talk less in the classroom because of stuttering? | [ ]  | [ ]  |
| 5) | Does the student avoid verbal participation during classroom activities? | [ ]  | [ ]  |
| 6) | Does the student avoid verbal participation in social situations? | [ ]  | [ ]  |
| 7) | Do you think the student is aware of his/her communication problems? | [ ]  | [ ]  |
| 8) | Have the student’s parents talked to you about his/her fluency disorder? | [ ]  | [ ]  |
| It is my opinion that these behaviors: |
| [ ]  Do not adversely affect educational performance |
| [ ]  Do affect educational performance  |

Do you have any other observations relating to the communication skills of this student?

Teacher Signature Date

Adapted from *Standards for the delivery of speech-language services in Michigan public schools,* Michigan Speech-Language Hearing Association (1995)