

Teacher Input - Fluency

	Date:		SAU:		
Child	d's Name:		School:		
Da	te of Birth:	Grade:	School Phone:		
	'Guardian Name:		School Address:		
Parent/	'Guardian Address:		City, State Zip:		
Parent/Guardian City, State Zip:			School Contact:		
probler	m which is	s of the above student's speech value and speech value and a speech value and speech value	performance. Che	ck all items th guage Pathol	at have ogist.
1 \	Door tho	tudent have characteristics associa	stad with stuttoring	Yes	No
1)		student have characteristics associon of who word repetitions, silent block ions)?			
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 s	student appear to talk less in the clo			
5)	Does the sactivities?	tudent avoid verbal participation d			
6)	Does the s	tudent avoid verbal participation in			
7)	Do you think the student is aware of his/her communication problems?				
8)	Have the s	student's parents talked to you abo	ut his/her fluency		

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It is my opinion that these behaviors:	
\square Do not adversely affect educational pe	erformance
Do affect educational performance	
Do you have any other observations relatin	g 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)

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