

**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 an articulation 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)