



### Teacher Input—Fluency

Date:		SAU:	
School:		Grade:	
Date of birth:		Child's name:	
Parent/guardian name:		Parent/guardian address:	
Parent/guardian telephone:		Parent/guardian address:	
Parent/guardian name:		Parent/guardian address:	
Parent/guardian telephone:		Parent/guardian address:	

Your observations of the above student's speech fluency will help determine if the problem adversely affects 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 word repetitions, silent blocks, sound or word prolongations)?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Are the stuttering characteristics accompanied by other behaviors (e.g., tension in the upper trunk, head and neck, facial tics, body movements)?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Does stuttering make it difficult to understand the content of his/her speech?	<input type="checkbox"/>	<input type="checkbox"/>
4.) Does the student appear to talk less in the classroom because of stuttering?	<input type="checkbox"/>	<input type="checkbox"/>
5.) Does the student avoid verbal participation during classroom activities?	<input type="checkbox"/>	<input type="checkbox"/>
6.) Does the student avoid verbal participation in social situations?	<input type="checkbox"/>	<input type="checkbox"/>
7.) Do you think the student is aware of his/her communication problems?	<input type="checkbox"/>	<input type="checkbox"/>
8.) Have the student's parents talked to you about his/her fluency disorder?	<input type="checkbox"/>	<input type="checkbox"/>

Child's name:

Date:

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 (1985).

Updated 8/1/2012