



## STUTTERING CASE HISTORY FORM

Kid Talk requests this information for the sole purpose of completing a thorough evaluation on your child. Completion of this form is required prior to your scheduled evaluation or your child's appointment may need to be rescheduled.

### **FLUENCY INFORMATION:**

**1. When did you first notice your child's stuttering?**

**2. Has your child's stuttering been:**

- Consistent: the majority of talking has some form of disfluency
- Frequent: many times throughout the day
- Intermittent: comes and goes

**3. What makes your child's speech better?**

**4. Is there a history of stuttering in the immediate or extended family?**

- No
- Yes (please list) \_\_\_\_\_

**5. What kind of stuttering does your child demonstrate? (check all that apply)**

- Has frequent interjections (um, like, you know, well-um)
- Repeats the beginnings of words (d-d-daddy, p-p-p-puppy)
- Repeats whole words
- Prolongs sounds (Mmmmy turn, Sssssaturday)
- Blocks or gets stuck and is not able to get sounds/words out (tension is noticed)
- Revises words/phrases (starts to talk, then stops, then starts over again, sometimes changing the words)
- Has unusual breathing patterns
- Has unusual face or body movements (head nods, blinking, facial grimaces, leg movements)

**6. Have you addressed or discussed stuttering with your child?**

- No
- Yes

**7. How does your child feel about their stuttering? (check all that apply)**

- Unaware
- Does not seem affect or hinder their social interactions
- Self-conscious
- Frustrated
- Avoids social interactions with others

**8. Describe your child's typical behaviors, attitudes, and play with peers:** \_\_\_\_\_

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