



Advanced Children's Therapy

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: _____
