

# FLUENCY Teacher Input

## Speech-Language Evaluation Teacher Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The child above has been referred for or is receiving services regarding fluency skills.  
Please fill out the questionnaire below regarding what you observe in class.

### 1. This student:

\_\_\_\_\_ seldom volunteers to participate in class.

\_\_\_\_\_ seems to avoid speaking in class.

\_\_\_\_\_ is difficult to understand in class.

\_\_\_\_\_ demonstrates frustration when speaking.

If so, how?

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### 2. This student stutters when he or she:

	Yes	No	Sometimes
Speaks to the class			
Talks with peers			
Gets upset			
Carries on a conversation			
Shares ideas			
Reads aloud			
Answers questions			
Talks to adults			

**3. Check any of the following behaviors you have noticed in this child's speech:**

	Yes	No	Sometimes
<b>Revisions</b> (starting and stopping and starting over again).			
<b>Frequent interjections</b> (um, like, you know).			
<b>word repetitions</b> (we-we-we-).			
	Yes	No	Sometimes
<b>Phrase repetitions</b> (I want, I want, I want)			
<b>part-word repetitions</b> (wa-wa-wa-want).			
<b>sound repetitions</b> (w-w-w-want).			
<b>prolongations</b> (waaaaaaaaant)			
<b>blocks</b> (noticeable tension/no speech comes out)			

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4. Describe the student's overall speech and language functioning:

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5. How does the child react when they are having difficulty with their speech:

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6. How do you respond when the child has difficulty speaking:

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7. How does the student's stuttering affect classroom participation, peer relations, or educational performance?

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8. Are there any questions you would like answered about stuttering or helping this child to be successful in the classroom:

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date