



TEXAS WOMAN'S UNIVERSITY



TOOLS FOR TALKING PARENT OBSERVATION OF FLUENCY CONCERNS

Child's Name: _____ Date of Birth: _____

Person Completing the Form: _____ Date: _____

Please complete this form to the best of your knowledge. Information you provide will greatly assist us in providing the best evaluation and treatment for your child.

1. At what age did your child begin having difficulty speaking smoothly? _____

2. Does anyone else in your family stutter? ____ Yes ____ No. If yes, list relationship to child:

3. Has your child's speech changed since that time? ____ Yes ____ No. If yes, describe.

4. Does your child have difficulty saying any sounds in particular?

5. Does your child's difficulty speaking seem to come and go? If yes, describe.

6. Do strangers have difficulty understanding your child's speech? ____ Yes ____ No.

7. Do you feel your child is aware of his speech difficulties? ____ Yes ____ No. If yes, describe.

8. If your child were to be enrolled in speech therapy, what would your goals be for him?

9. What specific questions or concerns do you have about your child's communication skills?

Additional Comments: