

Fluency Student Input

Student Name: _____ Grade/Homeroom: _____

Please describe your speaking difficulty in your own words:

How long have you had this speaking difficulty? Has the problem changed since it first began?

	Yes	No
Have you previously been assessed for speech/language concerns? If so, please describe:		
Have you previously received any speech/language therapy? <ul style="list-style-type: none">• If so, where and by whom?• For how long?• What was the focus of treatment?		
Have any other family members had speech/language problems? <ul style="list-style-type: none">• If so, how was the person related to you?• What was the nature of the problem?		

How does stuttering affect your ability to participate in school activities? social activities?

How does stuttering affect your ability to interact with family members? with friends?

How does stuttering affect your willingness to talk/communicate? self-esteem/attitude toward self?

In what situations do you experience the greatest difficulty? least difficulty?

What factors seem to affect your fluency the most?

What else do you think we should know about you or your stuttering?

Date completed: _____