

Community-Centered Stuttering Assessment — SLP

General Information	
Child's name	
Today's date	
SLP Information	
Your name	
What is the frequency and format of the child's speech therapy?	
How long have you been working with the child?	

Information about the child's stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how often does the child stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the severity:					
How often does the child exhibit physical tension (e.g., tense muscles) when s/he stutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does the child exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when s/he stutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
	Never	Rarely	Sometimes	Frequently	Always
How often does stuttering interfere with the child's ability to communicate with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with the child's ability to communicate with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					

How often does stuttering interfere with the child's academic performance or class participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does the child experience teasing or bullying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe (i.e., is it related to stuttering?):					
How often can the child speak freely (stuttering does not stop them from communicating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Rate the child's overall confidence level related to speaking?	None	Low	Average	High	Very High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:Rate					
To what extent do you think stuttering will interfere with the child's future goals/life overall?	A great deal	A lot	Some	Little	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Is there anything else that would be helpful for us to know about the child's stuttering?					

Thank you for completing this survey!