

Community-Centered Stuttering Assessment — Teacher

General Information	
Child's name	
Today's date	
Teacher Information	
Your name	
Classes/subjects you teach the child:	
Approximate contact time with the child per school day:	
Did you have the child in class in previous years? If yes, for what grades/subjects?	

Information about the class				
How much are all students expected or required to speak in your class (e.g., presentations, participation)?	Not at all <input type="checkbox"/>	A minimal amount <input type="checkbox"/>	Some <input type="checkbox"/>	A great deal <input type="checkbox"/>
How does the child meet those expectations or requirements?	Does not meet <input type="checkbox"/>	Somewhat meets <input type="checkbox"/>	Meets <input type="checkbox"/>	Exceeds <input type="checkbox"/>

Information about the child's stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how often does the child stutter in your class?	<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) in the classroom?	<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 <input type="checkbox"/>	Low <input type="checkbox"/>	Average <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Describe:					
To what extent do you think stuttering will interfere with the child's future goals/life overall?	A great deal <input type="checkbox"/>	A lot <input type="checkbox"/>	Some <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <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!