

**Jennifer Berkey, M.S., CCC**  
**Speech-Language Pathologist**  
Email: JenniferSLP@aol.com Tel: (203) 221-0007

## **FLUENCY HISTORY**

Child's Name:

DOB:

1. What was the approximate age that your child began having difficulty with fluency?

---

---

---

---

2. Were there any precipitating factors that you suspect may have been associated with the onset of dysfluency?

---

---

---

---

---

---

3. Please describe the dysfluency pattern. Check all that apply and provide any additional observations:

- ☐ repetitions of the first letter (c-c-can)  
☐ repetitions of part of the word (se se se seven)  
☐ repetitions of the whole word (but but but)  
☐ prolongations of sounds (mmmmmmommy)  
☐ silent blocks before speaking (-----did)  
☐ fillers (um, well, uh)  
☐ changing words or starting over  
☐ other

---

---

---

---

4. Please describe any physical behaviors observed during speech (check all that apply):