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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):

- _____ eye blinking
- _____ head nodding
- _____ hand or foot movement
- _____ difficulty breathing
- _____ squeezing eyes shut
- _____ looking away
- _____ tension
- _____ other

5. Has the dysfluency changed over time? If so, how?

6. Is current dysfluency pattern consistent or does it fluctuate? Please explain.

7. Are there any specific situations/times in which dysfluencies appear to increase or decrease?

8. What is your child's reaction to his/her speech? How concerned is he/she?

9. What if anything has been said to your child about his/her speech?

Previous Speech Therapy

1. How frequently and for what duration did your child attend speech therapy?

2. How were your child's speech needs addressed and worked on within the sessions

3. Was your child's speech worked on (either indirectly or directly) at home? If so, how?
