Dear Teacher,

Your student _________ has been referred to me for a speech/fluency evaluation. Your observations will be extremely helpful to me in determining the nature of the problem. Please take a few minutes to answer the questions below; all comments are welcome.

1. **Yes No** Does this student's speech differ significantly from same aged peers?

2. **Yes No** Does he/she appear to have difficulty getting words out?

3. **Yes No** Are there times that the airflow seems blocked when he/she is trying to speak?

4. **Yes No** Does he/she repeat words more times than you would expect for a person his/her age?

5. **Yes No** Does he/she repeat parts of words more times than you would expect?

6. **Yes No** Does he prolong or “hold on” to some sounds longer than others? (MMMMmine)

7. **Yes No** Is this student aware of any speech differences or difficulties?

8. **Yes No** Does this student seem frustrated at times when speaking?

9. **Yes No** Has he/she ever told you that it is difficult to speak?

10. **Yes No** Does he/she sometimes grimace, frown, blink, widen eyes or show any signs of tension during speech?

11. **Yes No** Does he demonstrate bodily movement such as hitting, kicking, swinging, tapping, etc. while trying to get a word out?

12. **Yes No** Do classmates find it difficult to understand this child’s speech due to the dysfluencies?

13. **Yes No** Do other students respond negatively to this student’s speech?
14. **Yes No** Is this student teased about speech?

15. **Yes No** Does he/she have more trouble talking when reading aloud or during an oral presentation?

16. **Yes No** Does he/she have more trouble talking when excited or nervous?

17. **Yes No** Is his student avoiding speaking situations due to speech difficulty?

18. **Yes No** Is the school speech therapist aware of this student’s speech difficulty?

19. Please specify any situations which seem to make your student’s speech more dysfluent:

   ______________________________________________________
   ______________________________________________________

20. Any other comments?

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Teacher’s Name: ___________________________ Date: ________________

Phone # : ___________________________ (please indicate best time to contact you)

Email: ________________________________

Thank you very much for your time. It is greatly appreciated.