



american institute for stuttering

27 West 20<sup>th</sup> Street, Suite 1203 | New York, NY 10011  
(212) 633-6400 | (877) 378-8883 | [www.stutteringtreatment.org](http://www.stutteringtreatment.org)

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.