communication works

Speech • Language • OT • PT

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FLUENCY CHECKLIST

Client's name:		Birthdate:		Age:		Gender:	

Please identify and describe the behaviors that characterize the client's speech						
Repeat sounds, syllables, words and/or phrases		Often		Sometimes		Rarely/never
Examples:						
Unexpected pauses and/or blocks in airflow while speaking		Often		Sometimes		Rarely/never
Examples:						
Pause before beginning to speak		Often		Sometimes		Rarely/never
Examples:						
Use strategies to work through a stutter		Often		Sometimes		Rarely/never
Examples:						
Avoid some sounds, words, phrases		Often		Sometimes		Rarely/never
Examples:						
Avoid some speaking situations due to stuttering		Often		Sometimes		Rarely/never
Examples:						
Stuttering affects communication at school and/or work		Often		Sometimes		Rarely/never
Examples:						
Stuttering affects social relationships		Often		Sometimes		Rarely/never
Examples:						
Sensitive or inhibited temperament		Often		Sometimes		Rarely/never
Examples:						
Negative feelings related to perceived ability to communicate		Often		Sometimes		Rarely/never
Examples:						
Speech sound errors or articulation concerns		Yes		No		
Examples:						
Expressive and/or receptive language concerns		Yes		No		
Examples:						
When did stuttering first begin?						
What services have been provided to address stuttering?						
Family members who stutter or have stuttered:						
Other information that would be helpful in planning assessment and therapy:						

_____ _____ _____

NAME OF PERSON COMPLETING CHECKLIST **RELATIONSHIP TO CLIENT** **DATE**