## Teacher Input: Fluency

Student:			Date:		
Teacher / Grade:			School:	_	
	se fill out this form and return it to: apist determine if this child's communication p	oroblem	. Your obs	servation will Thank you.	•
1.	Does this student appear to avoid ta	lking	in class?	YES	<u>NO</u>
2.	Do you feel this student is delayed in	n lang	uage skills?		
3.	Does this student use significantly more one-word responses (ex. Twice as many) than the other students in your class?				
4.	. Does this student repeat / restart his / her sentences more than the other students in your class?				
5.	5. Do you think this student knows he / she is having problems when he / she speaks?				
6.	. Has this student ever talked to you about his / her speech problem?			36	
7.	. Have either of the student's parents talked to you about his / her fluency problems?				
8.	. Do classmates make fun of this student because of his / her fluency problems?				
9.	. Have you heard anyone call him / her a stutterer?				
10.	Does this student's speech problem make it difficult to understand the content of his / her speech?				
11.	1. Does this student's fluency problem distract you sometimes from what he / she is saying?				
12.	. Does the student use fillers like 'um, oh, ah'?				
13.	Does the student repeat the whole word within sentences?				
14.	Does the student repeat just beginning sounds or first syllables of words within sentences?				
It is my opinion that these behaviors:			Do not interfere with the child's participation in the educational setting?		
			Does interfere with the child's participation in the educational setting?		

Classroom Teacher's Signature

Date