



SPEECH SUPERSTARS

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Fluency Child Case History

Name _____ Date _____
Date of Birth _____ Age _____ School _____ Grade _____
Native Language _____ Primary Language _____
Mother's Name _____ Father's Name _____
Address _____ Address _____

Phone _____ Phone _____
Alternate Phone _____ Alternate Phone _____
Email _____ Email _____
Person completing form _____
Physician's Name _____ Phone _____
Referred By _____
Family members living in the home _____
Languages spoken regularly in the home _____

Developmental History

1. How long was the pregnancy? _____
2. What was the baby's birth weight? _____ lb. _____ oz.
3. Could you please describe if there were any complications before, during, or after the birth?

4. When did he/she sit unassisted? _____ Walk? _____ Feed himself/herself _____
5. When was toilet training established? _____
6. Has the child had any serious health problems or conditions since birth? (e.g., pneumonia, heart defects, epilepsy, asthma, diabetes, head injuries, allergies) Please give details, dates, and if hospitalization was required. _____

7. Has the child ever had any facial tics, jerks of other parts of the body or any other type of involuntary muscle movements? If yes, give specifics (type, when?) _____

8. Is the child on any medication now? _____
9. In general, do you regard the child's health now as: Good _____ Fair _____ Poor _____
10. Child's handedness: Right _____ Left _____ Mixed _____ Undetermined _____
11. Overall, how do you regard the child's motor development? Below average _____
Average _____ Above average _____

12. Overall, how do you regard the child's speech development? Below average _____
Average _____ Above average _____

13. Has the child ever exhibited any of the following at a level to cause concern, or at age inappropriate levels? Check items when appropriate:

- Sleeping problems
- Unusual fears
- Temper tantrums
- Separation anxiety
- Refusal to talk
- Restlessness
- Eating difficulties
- Destructiveness
- Excessive shyness
- Excessive crying
- Withdrawn behavior

14. In comparison to other children how much energy does your child exhibit?
Below average _____ Average _____ Above average _____

15. In terms of overall maturity, is the child:
Below average _____ Average _____ Above average _____

Stuttering History

1. When was the stuttering first noticed?

2. Who first noticed the child's stuttering?

3. Was the onset sudden (over one-seven days) or gradual (two weeks or more)?

4. Describe the speaking situation present when you first noticed the stuttering:

5. In your opinion, what was the most important cause of the stuttering?

6. Describe what the child was doing in his/her speech when he/she first began stuttering?

7. Indicate whether or not the following behaviors or characteristics were observed when the child first began stuttering:

Behavior	Never	Sometimes	Frequently	Transitory
Repeating sound syllable (ba-ba-baby)				
Repeating short words				
Repeating phrases or longer words				
Prolonging vowels (aaa)				
Prolonging consonants (sss,mmm)				
Silent blocks (b-aby)				
Abandoned words (ba-)				
Revisions (I want) I need to go				
Interjecting (ah, um)				
Other				

8. Were there any of the following behaviors or characteristics observed at the onset of stuttering?

Behavior	Never	Sometimes	Frequently	Transitory
Facial grimaces				
Eye closing/blink				
Eyes wide open				
Tense lips				
Tense tongue				
Wide-opened mouth				
Tension in jaw				

13. What did you do when you first noticed your child's stuttering?

Description of current fluency

1. How has your child's fluency changed since its onset?

2. Is your child stuttering primarily on the first words of sentences or on words throughout the sentence?

3. Describe situations in which your child's stuttering is worse:

4. Do you feel your child is aware of stuttering? If yes, please explain:

5. Is there a history of stuttering in the family? If yes, please explain:

6. What is your reaction to your child's stuttering?

7. How does dysfluency make you feel?

8. Do you speak for your child? Do others?

9. Do you understand your child? Do others?

10. How does your child react to new places? To new people?

11. How does he/she get along with other children? Who are his/her favorite playmates?

12. Does he/she prefer children his/her own age?

13. Is he/she a leader or a follower?

14. How does he/she get along with his/her siblings?

15. Who in the family does he/she relate more to easily?

16. What do you like about your child?

17. What types of activities do you enjoy as a family?

18. How does your child express his/her feelings?

19. How does he/she react if something goes wrong?

20. What are your child's hobbies?

21. What would your goals be for your child if he/she is enrolled in therapy for dysfluency?

22. Do you have any specific questions about your child you would like us to answer?
