

GOEPFERT SPEECH ASSOCIATES, LLC

Diagnostic and Therapeutic Services for Children and Adults

431 East Chocolate Avenue
Hershey, PA 17033
Phone & Fax: (717) 533-1916

Parent Speech Fluency Questionnaire (to be completed by the parent):

CHILD NAME: _____ DATE: _____

1. Describe what you perceive to be the speaking difficulty. _____

2. When did the speaking problem begin? _____ How has it changed? _____

3. What are your reactions? _____
others' reactions? _____

4. Is the child aware of the difficulty? _____ If yes, describe the reaction. _____

5. What do you call the problem? Stuttering? Stammering? Other _____

6. Does the child have any body movements or facial contortions when stuttering? Yes No _____
If Yes, describe: _____

7. Does the child maintain or divert eye-contact during speech? _____

8. What are your biggest concerns about your child's speech? _____

9. What have you or others done to help the child stop stuttering? _____

How has it helped? _____ Who recommended it? _____

10. What is the child's reaction to the help? _____

11. Has there been any prior speech evaluation? _____ treatment? _____
If so, When & how long? _____

What strategies were used? _____

How helpful was treatment? _____

12. Is there a family history of stuttering? _____

13. When is the stuttering worse? _____

14. When is there little or no stuttering? _____

15. How is the child performing in school? _____

16. What kinds of changes or stresses might your child be experiencing (e.g. new sibling, moving, divorce, death, etc.) _____

17. What are your expectations for your child's speech? _____

18. What other things would you like for me to know about your child? _____