GOEPFERT SPEECH ASSOCIATES, LLC
Diagnostic and Therapeutic Services for Children and Adults

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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? _____

   Other's 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? _____

   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? _____

_____

_____

_____

_____

_____