



Practical Speech Solutions, PLC

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Fluency Case History Form

ONSET:

When was your child's stuttering first noticed? _____

Who initially noticed the stuttering behaviors? _____

What do you believe might have initiated the stuttering? _____

Have there been any changes in your child since the stuttering began? _____

Are there times when the stuttering becomes worse than normal? _____

Are there times when the stuttering tends to be improved/better than normal? _____

Does your child have greater difficulty talking around anyone specific? _____

What is your child's typical reaction to his/her stutters? _____

What are the typical reactions of others (peers, family members, adults) to your child's stuttering?

COURSE OF DEVELOPMENT:

Please check or describe any stuttering characteristics which were present when the stuttering began and/or those stuttering characteristics currently present.

BEGINNING

CURRENT

- | | | |
|-------|-------|---|
| _____ | _____ | Repetitions of syllables (e.g. "sis-sis-sis-sister") |
| _____ | _____ | Repetitions of single syllable words (e.g. "she-she-she is here") |
| _____ | _____ | Repetitions of phrases (e.g. "I want-I want-I want to go play.") |
| _____ | _____ | Prolongations of sounds (e.g. "ssssssssssometimes") |
| _____ | _____ | Hesitations (e.g. "I want (long pause) to go.") |
| _____ | _____ | Audible Blocks (mouth stuck and sound continues) (e.g. "ba-----sketball") |
| _____ | _____ | Inaudible Blocks (mouth stuck, no sounds) (e.g. "ba-----sketball") |
| _____ | _____ | Breathing. Describe: _____ |
| _____ | _____ | Changes in Loudness. Describe: _____ |
| _____ | _____ | Facial movements. Describe: _____ |
| _____ | _____ | Body movements. Describe: _____ |
| _____ | _____ | Struggle/Tension when talking. Describe: _____ |
| _____ | _____ | _____ |
| _____ | _____ | Other: _____ |

FAMILY HISTORY:

Please check all family members in relation to the child who stutters whom have a known history of stuttering. (check all that apply)

Male Blood Relatives:

- _____ Father
_____ Brother(s)
_____ Paternal Uncle
_____ Maternal Uncle
_____ Paternal Grandfather
_____ Maternal Grandfather
_____ Other: _____

Female Blood Relatives:

- _____ Mother
_____ Sister(s)
_____ Paternal Aunt(s)
_____ Maternal Aunt(s)
_____ Paternal Grandmother
_____ Maternal Grandmother

Parent/Guardian Signature

Date