## Appendix Q: Teacher Questionnaire Fluency

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| **Student:** *Click to Enter Student’s Name* **School:** *Click to Enter School Name* |
| **Teacher:** *Click to Enter Teacher’s Name* **Grade:** *Click to Enter Student’s Grade* |
| *Your observation and responses concerning the above student will help determine if a communication problem exists which adversely affects educational performance. (Note: Educational performance refers to the student’s ability to participate in the educational process and must include consideration of the student’s social, emotional, academic and vocational performance.) Please return the completed form to the Enter SLP’s Nname by Click to Select Date*. |

**Skill Area: Fluency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Sometimes** | **N/A** |
| 1. Is this student’s ability to communicate affected by disfluent speech? If yes, check appropriate description:   Occasional Difficulty  Frequent Difficulty |  |  |  |  |
| 1. Check any of the following behaviors that you have noticed in this student’s speech:   Revisions (starting and stopping and starting over again)  Frequent interjections (um, like, you know)  Phrase repetitions (and then, and then)  Pauses or hesitates while speaking (He ------ went away.)  Word repetitions (we-we-we)  Part word repetitions (t-t-t-take, mo-mo-mom)  Prolongations (noooooobody)  Blocks (noticeable tension/no speech comes out)  Unusual face or body movements (head nods, eye movement)  Abnormal breathing patterns |  |  |  |  |
| 1. Do you listen to HOW the student is speaking rather than WHAT they are saying? |  |  |  |  |
| 1. Does this student avoid speaking in the classroom? |  |  |  |  |
| 1. Do classmates react to this student’s stuttering? If so, does this student have negative responses to peers? (stops talking, stutters more, withdraws) |  |  |  |  |
| 1. Do you feel uncomfortable when you try to communicate with this student? |  |  |  |  |
| 1. Do you think this student is aware of their fluency problem? |  |  |  |  |
| 1. Has the student ever expressed concern about their speech? |  |  |  |  |
| 1. Rate the impact of the student’s speech problems on their social emotional, academic and/or vocational functioning. *Check one:*   does not interfere minimal impact interferes seriously limits |  |  |  |  |

Do you have any other observations relating to the speech skills of this student?

*Click to Enter Text.*

It is my opinion that these behaviors:

Do not adversely affect educational performance

Do adversely affect educational performance

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Teacher’s Signature Date