

TEACHER INTERVIEW: FLUENCY (Stuttering)

Student: _____ D.O.B.: _____

Respondent: _____ Grade/Program: _____

Primary Language: _____ SLP: _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

		Yes	*No	*Sometimes
1.	Does the student verbalize appropriately?			
2.	Does the student verbalize effortlessly?			
3.	Does the student's speech allow for participation/progress in the general curriculum?			
<i>If Yes, stop here</i>				
4.	When verbalizing, are the student's facial and body movements appropriate?			
5.	Does this student readily participate in class discussions or activities that require speaking in front of groups?			
6.	Do you accept the student's pattern of speech as adequate?			
7.	Do peers accept the student's pattern of speech as adequate?			
8.	Do you understand the student's verbal intent without difficulty?			
9.	Does this student readily participate in conversation with peers?			

Please explain any "No" or "Sometimes" items and/or any additional communication skill concerns regarding this student.

Respondent's Signature _____ Title _____ Date _____