Name: File: 
Age: DOB: 
Parents: DOE: 
Address: Code: 

**Fluency Evaluation**

**Area of Concern**

_____ is an eleven year old male in sixth grade at ______________________. He was brought to Minot State University Communication Disorders Clinic (MSU CDC) by his parents for a fluency evaluation due to concerns over persistent stuttering. Specifically his parents were concerned that the stuttering was becoming worse and frustration was increasing.

**Background Information**

_____ was born with no complications and health and development appear typical. Stuttering was noticed at age four and was first identified through preschool screening. The stuttering fluctuated over time and has become much worse recently. _____ experiences teasing about his speech and appears frustrated when he cannot speak easily. At the time of evaluation, _____ was receiving speech/language services through his school to help him manage the stuttering.

Here you will also include anything pertinent to stuttering that you learn from the case history as well as any other speech language, social, or learning issues you know about.

**Fluency Testing**

Start out with a general positive statement writing about anything positive you noticed about his communication skills, engagement, personality, etc. Ex: _____ was initially quiet but warmed up quickly to the clinician. He was very talkative, displayed a wonderful sense of humor, and showed a general curiosity regarding the evaluation process.

The Stuttering Severity Instrument-Fourth Edition (SSI-4) was administered to determine the frequency, duration, and severity of the stuttering as well as any physical concomitants (e.g., secondary characteristics such as facial tension, body movements, eye blink, etc.) which were
present. Three samples of ________’s speech (reading, conversational speech with parent, conversational speech with clinician) were analyzed and used to determine severity of stuttering.

Stuttering behaviors can be classified into several types including typical and atypical dysfluencies. _______ exhibited the following typical disfluencies in rank order of frequency: _______________________________.

Further analysis of the conversational speech sample indicated the following atypical dysfluencies in rank order of frequency: _______________________________.

Then here write about anything else you noticed about the child’s stuttering including speech rate, increases or decreases in stuttering, anxiety, etc. Ex: ______ was quieter and showed visible anxiety during moments of stuttering.

Duration of stuttering refers to how long a stutter-event lasts over time (e.g., 3 seconds). It is calculated by averaging the three longest instances of stuttering in the conversational speech sample (list them in seconds). The average for _______ was ______ seconds which corresponds to a Duration Score on the SSI-4 of ______ which falls in the _______ range.

Frequency refers to the percentage of stuttering that occurs within a period of time. It is measured on the SSI-4 both in reading and conversational speech. The frequency of stuttering during _______’s reading sample was ______ and during his conversational speech sample was ______ with an average frequency of ______. This corresponds to a subscore of _______ which falls in the _______ range. Here discuss any noticeable differences between the conversational speech samples an/or the reading sample.

Physical concomitants are associated physical behaviors that are associated with moments of stuttering. Examples include behaviors such as eye blinking, grimacing, altered breathing patterns, arm movements, foot tapping, head nodding, etc. _______ exhibited the following physical concomitants listed in rank order of frequency: _______________________________. This corresponds to a subscore of _______ on the SSI-4. In this section also include evidence of circumlocutions and any other behaviors you note that seems to be associated with the stuttering.

The SSI-4 requires clinicians to estimate an overall perception of speech naturalness taking into account how much stuttering and associated behaviors interfere with overall communication. Speech Naturalness in this case was rated at _____ based upon ______________________.

A total score is calculated based on the subscores and the speech naturalness rating. The total score for ___(student name)____ during this evaluation was ______ indicating the presence of ___(mild, moderate, significant)_____ stuttering.
**Attitudes toward Stuttering**

*Here you will explain what you know both about the child’s attitude and the parent’s attitude.*

The *Communication Attitudes Tests-Revised* (CAT-R) was administered to gain perspective of ______’s feelings and attitudes toward stuttering. To gauge these feelings 35 true/false statements including such questions as “people worry about the way I talk”, “I wish I could talk like other children”, “I talk well most of the time” were asked via paper/pencil. ______ received a score of _____ which was ____ above/below______ the mean score for children who do not stutter (8.71) and children who do stutter (16.7). This score indicates…….*explain anxieties and negative feelings in general terms. Ex: some anxieties and negative feelings toward speech and how others perceive him but was more adjusted than most people his age who stutter.*

In addition a ______ was asked to answer a series of questions regarding stuttering which focused on experiences at home, school, and in previous therapy. *Here you will discuss anything of importance or significance you found in the answers to the questions. Ex: He indicated a general dislike for talking and was reluctant to speak about his stuttering behaviors.*

A comprehensive case history was completed with ______’s mother to gain information about the stuttering as well as to gauge how it is handled within the family. Mother indicated ______ stutters more at home than in other settings. She reported concern about moments of inaudible struggle and when long repetitions occur and indicated that teasing and bullying by peers have occurred. She is also worried about ______’s discomfort with reading and speaking at school. When asked to rate her concern over the stuttering on a scale of 0 (not worried) to 7 (extremely worried), she rated it as 5. When asked to rate stuttering severity on a scale of (0 normal) to 7 (severe), she rated it as 4. Both parents expressed concern over not knowing how to help ______ when he stutters and were concerned about the cause of stuttering.

Along with the case history, ______parents both completed the *Parent Attitudes Toward Stuttering Instrument* (PATS). This required them to either agree or disagree with statements related to the stuttering (e.g., “sometimes I find myself wondering if other children will pick up stuttering while playing with my child”, “stuttering is probably a mental or an emotional problem”). Overall both parents indicated a supportive and accommodating attitude toward stuttering. As was expected, some anxiety regarding stuttering was expressed.
Additional Observations

______presented with a mild, intermittent frontal lisp of the /s/ and /z/ sounds for which he receives speech therapy. These errors did not interfere with intelligibility nor take away from _____’s communicative competency.

Summary

Results of the evaluation revealed the presence of significant stuttering accompanied by physical concomitants, avoidance behavior, and an emotional component. As expected anxiety was reported in both ______ and his parents. It should be noted that that __________ was able to successfully communicate his message by his willingness to push through dysfluencies. Parents displayed a supportive attitude and were eager for more information on how to assist _____.

Recommendations