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Speech-Language Pathologists**

EIN: 26-0060915

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STUTTERING CHECKLIST FOR PARENTS

Client Name: _____

DOB: _____

Completed by: _____

Date: _____

How long ago and at what age did you first notice your child stuttering?

This child is disfluent or stutters when he/she: *(check all that apply)*

- _____ gets upset _____ talks on the telephone _____ answers questions
- _____ reads aloud _____ talks with friends _____ talks with adults

List any additional concerns other than with stuttering/disfluent speech:

	Yes/No	Comments
Is there a family history of stuttering?		
Are there any changes at home that correspond to the start or increase in stuttering (i.e. new baby, relocation, etc.)?		
Has frequent interjections (um, like, you know, well-um, etc)		
Repeats the beginnings of words (b-b--ball, p-p-puppy, da-da-daddy)		
Repeats whole words (I-I-I, he-he-he, we-we-we)		



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	Yes/No	Comments
Repeats phrases (I want to- I want to- I want to go, and then- and then- and then we went)		
Prolongs sounds (S-----S- Saturday, n-----nobody)		
Blocks or gets stuck and is not able to get the sounds and words out. (tension is noticed)		
Revises phrases – (starts to talk, then stops, then starts over again- sometimes changing the words)		
Has unusual breathing patterns		
has unusual face or body movements (i.e., head nods, eye blinks/eye movements, facial grimaces)		

Return by email to info@readingllcenter.com