

Revised September 2017; Implemented 9/25/17.

Young Children Fluency Case History

| Date: | | |
|---|---------------------------|------------------------------|
| Name: | DOB | Age: |
| Your name and relationship to the child: | | |
| Were there any problems with your pregnancy or the birth of this ch | ild? If so, please explai | n. |
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| What was the child's speech and language development like? How d your expectations? | id it compare to their s | siblings' development and to |
| | | |
| | | |
| What was the child's motor development like compared to their sibli | ings or other children? | |
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| | | |
| Have any other members of your family had speech or language disc | orders? If so, who and v | what problems did they have? |
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| | | |
| Does anyone in the family stutter? If so, who? | | |
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| | | |
| When was the child's dysfluency first noticed? | | |
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| How long has your child been stuttering currently? |
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| Was there anything special going on in the child's life when the dysfluency started? If so, what and how long had it beer going on? |
| What was the dysfluency like when it was first noticed? |
| Have there been any changes in the child's speech since the dysfluency was first noticed? |
| Does the child appear to be aware of his/her dysfluency? |
| Does the child sometimes appear to change a word because he/she expects to be dysfluent on it? |
| Does the child seem to avoid talking in some situations, when he/she expects to be dysfluent? |
| What do you believe caused the stuttering? |
| How do you feel about your child's dysfluency? |
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