CHECKING IN With Parents

This form is designed to gather information about your perceptions of your child’s stuttering (and past therapy if applicable). It should be completed separately by each parent.

Child’s Name ___________________________ Age _____ Grade _____

Person Completing Form ___________________________ Date __________

Relationship to child ________________________________

I have heard that stuttering is caused by (List as many as are applicable.)

________________________________________________________________________

I think that stuttering is caused by ________________________________

________________________________________________________________________

Some questions I have about stuttering are ________________________________

________________________________________________________________________

My child shows awareness of his/her speech difficulties. Yes No

If yes, please describe what your child has said or done to make you think he/she is aware?

________________________________________________________________________

My child stutters most when (List situations or factors that seem to negatively affect your child’s speech.)

________________________________________________________________________

When my child stutters, other people react by ________________________________

________________________________________________________________________

I feel _____________ when I watch my child struggling with speech, and I want _____________

________________________________________________________________________

When my child stutters, I try to help by ________________________________

________________________________________________________________________

I think the goal of stuttering therapy should be ________________________________
My child’s teachers have knowledge about stuttering. Yes No I don’t know
My child’s teachers have tried to help by

The most important thing for someone to know about my child is

I think my child is ready to be in speech therapy. Yes No
If no, please explain.

My child’s level of motivation for working on his/her speech right now is
High Medium Low I’m not sure because

I think I can best help my child by

My wish for my child in five years is

If I could do anything about this problem it would be

Please answer the following questions if your child has received therapy in the past.
The two most important things I learned from my child’s other speech therapists were

In my child’s past therapy, he/she worked on

The most helpful aspect of my child’s past therapy seemed to be

The least helpful aspect of my child’s past therapy seemed to be

I am satisfied with the level of effort my child has put into speech therapy. Yes No
I am satisfied with the level of involvement my child has had in past therapy. Yes No because