



EASTERN KENTUCKY UNIVERSITY

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College of Education
Department of Special Education
Speech/Language/Hearing Clinic

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STUTTERING CASE HISTORY: CHILD

NAMES OF PARENTS: _____ CHILD'S NAME: _____
CHILD'S DATE OF BIRTH: _____ AGE OF CHILD: _____
ADDRESS: _____
DAY PHONE: _____ EVENING PHONE: _____
EMAIL ADDRESS: _____
DATE THIS FORM WAS COMPLETED: _____ DATE OF EVALUATION: _____

Main Concerns

1. Please describe your main concerns about your child's speech problem. _____

2. Please describe any questions you particularly want answered as a result of your child's speech evaluation.

Presenting Problem

1. Please describe your child's speech problem in your own words? _____

2. What prompted you to contact this clinic? _____

History of the Disorder

1. How old was your child when disfluency problem was first noticed and who noticed it first? _____

2. Were there any special circumstances that related to the onset? _____

3. Did you or anyone do anything about it initially? _____

4. Since the problem was first noticed, have there been any changes? _____
 - a. Periods of time when the disfluency disappeared for several days or weeks at a time? _____

 - b. Periods of extreme severity? _____
 - c. Changes in the way your child produced the disfluencies? _____
 - d. In general, has it gotten better, worse, or stayed about the same since the disfluencies first appeared? _____
5. Do you think there is anything in your child's medical history that might be related to the problem? _____

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6. Do you think there is anything in your child's psychological or social history that might be related to the problem? _____

 7. Please describe any family history of stuttering. Is there any family history of other types of speech problems? If so, please explain: _____
 8. Has your child received any speech therapy? If so, please describe when he/she received therapy and what was done? How effective was the therapy in your opinion? _____

Reaction to the Problem

1. Do you think your child is aware of his speech problem? If so, is this a subtle awareness or a very clear awareness? _____
2. How does your child react to his speech problem? _____

3. Has he ever labeled or described his problem? _____ If so...how? _____

4. Do you think he/she avoids any social or speaking situations because of his speech problem? _____

5. How have others reacted to the problem?
 - a. Mother _____
 - b. Father _____
 - c. Brothers and sisters _____
 - d. Grandparents _____
 - e. Friends/Classmates _____
 - f. Teachers _____
 - g. Others (specify) _____
6. Have any of these reactions altered the person's relationship with your child? _____ If so, how? _____

7. How concerned are you about the problem? _____
8. How have you handled the disfluencies at the moment they occur? _____
9. Has your child been teased about the way he/she talks? _____ If so, by whom? _____

Precipitating Factors

1. To the best of your ability, please describe the impact (positive or negative) of the situations listed below on your child's fluency?
 - a. Relaxed, but not tired _____

 - b. Playing with friends _____

- c. Playing with brothers and sisters, parents _____
- d. Talking with parents, but not excited, casual _____
- e. Explaining something _____
- f. Excited but happy (Christmas, birthday, etc.) _____
- g. Angry _____
- h. Concerned about others (hurt sibling, sick pet, etc.) _____
- i. Tired _____
- j. Talking in front of a group of adults _____
- k. Talking to parents when they are upset _____
- l. Confessions _____
- m. Talking to parents when angry at the child _____
- n. Impatient listeners _____
- o. People who give negative reaction to the child's speech _____
- p. Interrupted _____
- q. Afraid _____
- r. Competing _____
- s. Upset _____
- t. Strangers _____
- u. Teachers _____
- v. Grandparents _____
- w. Recitations _____
- y. Others _____

2. Are there any particular words upon which your child has more difficulty being fluent? _____
3. Are there any particular speech sounds upon which your child has more difficulty being fluent? _____
4. Have you noticed any unusual changes in the pitch and loudness of your child's voice when he/she is having trouble? _____

5. Do you think your child can predict when he/she will have difficulty speaking? _____
6. Are there any agents or conditions or speaking situations in which your child speaks fluently (e.g., singing, choral recitation, choral reading etc.) _____

Nature of the Disfluencies

1. Please describe what your child does when you see him/her being disfluent. The exact type of speech problem?

2. Does your child seem to struggle physically when he/she speaks or are the disfluencies produced with no apparent physical effort? _____

3. If your child seems to struggle physically when being disfluent (e.g., nods head, closes eyes, wrinkles brow, etc.), please describe what you have seen. _____
4. Have you noticed any unusual changes in the pitch or loudness of your child's voice when he/she is being disfluent? _____

5. Are there any particular areas of his/her body that seem to be noticeable tense while producing disfluencies? If so please describe. _____

6. Have you noticed any tremors of the muscles in the lips, jaw or neck when your child is producing disfluencies?

Managing The Disfluencies

1. Please describe anything you have done to try to help your child speak fluently (e.g., slow down, start over, etc.)

2. How effective have these attempts at helping him/her been? _____

School Situations

1. Does your child attend a school or day care program? _____ If so, please provide the name of the school/program, how many hours per day & week he/she attends. _____

2. If your child does attend a school/day care program, please describe the reaction of the staff and other children to your child's disfluent speech? _____

Knowledge About Disfluent Speech and Stuttering

1. Please describe what you presently know about disfluent speech or stuttering in young children and where you have learned about it. _____

2. If your child attends school or is enrolled in a day care program, how much do you think the staff knows about disfluent speech and stuttering in young children? _____

3. If your child attends school or is enrolled in a day care program, how much do you think the staff knows about disfluent speech and stuttering in young children? _____

Thank you very much for responding. We look forward to working with you and your child. If you have any pressing questions that you would like to have answered, or any thoughts you would like to share, please feel free to contact Dr. Charles Hughes either by phone (859-622-1861) or email (charles.hughes@eku.edu).