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Fluency Case History Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Form Completed by:  Mother  Father  Guardian  Caregiver  Other: \_\_\_\_\_

Family Information:

Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Table with 4 columns: Name(s) of Others Living with the Child, Relationship to Child, Age, Sex. Contains 5 empty rows.

What languages are spoken in the home? \_\_\_\_\_

What is the primary language used with this child? \_\_\_\_\_

Was this child adopted?  No  Yes If Yes, at what age? \_\_\_\_\_ From where? \_\_\_\_\_

Is there any family history of stuttering? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Child's Medical History:

Name of child's physician: \_\_\_\_\_ Medical office: \_\_\_\_\_

Describe the mother's health during pregnancy:  Good  Fair  Poor

Were there any unusual conditions or problems during the pregnancy or birth?  No  Yes If yes, please describe: \_\_\_\_\_

Were there any drugs or alcohol consumed during the pregnancy?  No  Yes If yes, what and how often? \_\_\_\_\_

Was the pregnancy full term?  Yes  No If no, how early or late? \_\_\_\_\_

General condition: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Does your child have any medically diagnosed illness or conditions?  Yes  No If yes, please explain: \_\_\_\_\_

Is your child taking any medications?  Yes  No If yes, please list: \_\_\_\_\_

Has your child experienced any of the following?

- Frequent Colds                       Seizures                       Snoring                       Mouth Breathing  
 Sleeping Problems                       Frequent Ear Infections                       Other: \_\_\_\_\_

Has your child had any surgeries, accidents or hospitalizations?  No  Yes If yes, please explain: \_\_\_\_\_

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)?  No  Yes If yes, please explain: \_\_\_\_\_

Is there anything else we should know about your child's medical history?  Yes  No If yes, please explain: \_\_\_\_\_

Has your child had any of the following evaluations or assessments? Please indicate:

- Hearing                       Speech and Language                       Psychological                       Physical Therapy  
 Neurological                       Occupational Therapy                       Developmental                       Vision

What were the results? \_\_\_\_\_

Has your child received any of the following services?  Speech/Language  OT  PT  Nursing

*\*Please be sure to provide copies of any evaluations, treatment plans, or IEPs, etc.*

### Onset of Stuttering

At what age was the stuttering first noticed? \_\_\_\_\_

Please describe how the stuttering sounded when it first occurred (check all that apply).

- Stuttering at the beginning of words  
 Stuttering in the middle of words  
 Repeating whole words (you...you...you)  
 Repeating parts of words (ta...ta...table)  
 Repeating phrases (That is...that is mine)  
 Blocking or pushing sounds or words out with force  
 Prolonging or extending a sound in a word (mmmmmmmine)  
 Giving up the attempt to talk  
 Unexpected and sudden pitch changes within a word  
 Avoiding talking  
 Substituting one word for another  
 Commenting that "talking is hard", that a word "gets stuck" or some other statement: \_\_\_\_\_

Do you know of any unusual events that occurred around the time the stuttering began?  
\_\_\_\_\_  
\_\_\_\_\_

When the stuttering was first noticed, what was the child's reaction? \_\_\_\_\_

What was your reaction? \_\_\_\_\_

Is your child aware of his stuttering? \_\_\_\_\_

**Current Description of Child's Fluency**

What types of dysfluencies do you see and how often (please check)?

Type	Seldom/Not Observed	Sometimes	Often
Hesitations – Pauses as if thinking about what to say before or during speaking.			
Interjections – Inserting extra words when speaking (e.g. Um, like, you know).			
Revisions of phrases or sentences/Changes what is said (e.g. I want to, I'd like to go somewhere, can I go with you?).			
Phrase repetitions (e.g. Mom can I, can I, get some candy?)			
Whole word repetitions (e.g. Can, Can, Can I get some candy?)			
Part-word repetitions (e.g. Ca-ca-can I get some candy?)			
Sound repetitions (e.g. C-c-can I get some candy?)			
Prolongations – stretching or holding onto a sound (e.g. MMMMMom I want that.)			
Blocks – noticeable tension/no speech comes out.			
Unusual face/body movements (e.g. blinking eyes, head/jaw jerking, stomping foot) during moments of stuttering.			
Unusual breathing patterns during speech			

How has the stuttering changed over time (either in terms of quantity or quality)? (describe and check/circle all that apply)

\_\_\_\_\_

\_\_\_\_\_

- Overall increase / decrease in the amount of stuttering
- Increase / decrease in number of repetitions
- More / less force used to get out a word
- Longer / shorter duration of prolongations
- Slower / faster speech rate
- Changes in loudness during stuttering
- Changes in pitch during stuttering
- Changes in eye contact during stuttering
- Changes in body language / body movement during stuttering
- Other \_\_\_\_\_

How do family members react to the stuttering? \_\_\_\_\_

\_\_\_\_\_

How do peers react to the stuttering? \_\_\_\_\_

In what situations is the most stuttering noted? \_\_\_\_\_

In what situations is the least stuttering noted? \_\_\_\_\_

Are there periods when there is significantly more / less stuttering? (weeks / months)? \_\_\_\_\_

Please describe and indicate how long these periods last: \_\_\_\_\_

Which of the following factors do you feel may contribute to an increase in the stuttering (check/circle all that apply)?

Internal Factors (within the child)	External Factors (environment)
Fatigue	Being interrupted
Illness	Getting listener attention
Excitement	Being rushed/time pressure
Fears	Being put on the spot to speak
Competition	Talking to peers
Increased rate of speech	Talking to parents
Asking questions	Talking to siblings
Searching for words	Talking in large groups
Trying to be understood	Conflict situations
Formulating stories	Surprises/unexpected events
Lack of confidence	Talking on the phone
Low frustration tolerance	Inattentive/busy listeners
Trying to get attention	Talking to adults/teachers
Being unsure about topic	

**Behavior History:**

	Often	Sometimes	Never
Does your child seem unusually quiet?			
Does your child seem to be restless or fidgety?			
Does your child get upset easily?			
Does your child rock his/her body?			
Does your child enjoy "messy" play?			
Does your child bump or push others?			
Does your child pinch, bite or hurt oneself?			
Does your child have a difficult time with change?			
Is your child easily distracted?			
Does your child understand personal safety?			
Does your child enjoy the company of other children?			
Does your child enjoy reading or having books read to him/her?			

Describe your child: (Check all that apply)

Friendly  Shy  Cooperative  Independent  Stubborn  Difficult to handle  Other \_\_\_\_\_

Do you have any concerns about your child's behavior? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Educational History:**

Is your child currently attending daycare/school:  Yes  No Where: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ How is your child doing in the program? \_\_\_\_\_

Does your child receive any special services at school? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

How does your child interact with others (e.g., friendly, shy, cooperative, etc.)? \_\_\_\_\_

Do you have any concerns about your child's behaviors at school? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Has anyone (to your knowledge) teased or drawn attention to your child's stuttering? \_\_\_\_\_ If so, please describe:  
\_\_\_\_\_

Have you received advice about this problem from anyone? \_\_\_\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you feel that stuttering interferes with your child's daily life? \_\_\_\_\_ Social relationships? \_\_\_\_\_

Success in school? \_\_\_\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy playing with or enjoy doing? \_\_\_\_\_  
\_\_\_\_\_

What motivates your child? \_\_\_\_\_  
\_\_\_\_\_

Are there any other comments/concerns?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_