



Chamonix Olsen Sikora M.S., CCC-SLP, BCS-F
Speech-Language Pathologist, Board Certified Specialist in Fluency
203.349.2727 - www.hopeforstuttering.com

Dear Teacher,

Your student has been referred to me for a stuttering evaluation. Your observations will be helpful to me in determining the nature of the problem. Please take a few minutes to answer the questions below; *all* comments are welcome.

1. **Yes No** Does this student's speech differ significantly from same aged peers?
2. **Yes No** Does he/she appear to have difficulty getting words out?
3. **Yes No** Are there times that the airflow seems blocked when he/she is trying to speak?
4. **Yes No** Does he/she repeat words more times than you would expect for a person his/her age?
5. **Yes No** Does he/she repeat parts of words more times than you would expect?
6. **Yes No** Does he prolong or "hold on" to some sounds longer than other?
(MMMMmine)
7. **Yes No** Is this student aware of any speech differences or difficulties?
8. **Yes No** Does this student seem frustrated at times when speaking?
9. **Yes No** Has he/she ever told you that it is difficult to speak?
10. **Yes No** Does he/she sometimes grimace, frown, blink, widen eyes or show any signs of facial tension during speech?
11. **Yes No** Does he/she demonstrate bodily movements such as head, arm, or leg movement, tapping, etc. while trying to get a word out?
12. **Yes No** Do classmates find it difficult to understand this child's speech?
13. **Yes No** Do other students respond negatively to this student's speech?

- 14. **Yes No** Is this student teased about speech?
- 15. **Yes No** Does he/she have more trouble talking when reading aloud or during an oral presentation?
- 16. **Yes No** Does he/she have more trouble talking when excited or nervous?
- 17. **Yes No** Is this student avoiding speaking situations?
- 18. **Yes No** Is the school speech therapist working with this student?

19. Please specify any situations which seem to increase your student's stuttering, speech issue, or discomfort with speaking or stuttering, :

20. Any other comments?

Teacher's Name: _____

Phone # : _____ (please indicate best time to contact you)

Email: _____

Date: _____

*Thank you for your time.
Sincerely,*

*Chamonix Olsen Sikora, M.S., CCC-SLP, BCS-F
Speech-Language Pathologist, Board Certified Specialist – Fluency
Director, Hope for Stuttering Speech Therapy*