

STUTTERING INFORMATION CHECKLIST

This checklist is to be used by preschool teachers and childcare workers. The information collected will be useful for a Speech Pathologist.

Name: _____ **DOB:** _____ **Sex: M/F**

Date of observation: _____

Observed by: _____

1. Speech Behaviours

Tick the behaviours that you hear/see:

- Interjections: frequent use of words like 'um' and 'ah'
- Blocking: child tries to speak but struggles to get the words out
- Repetitions: for example; 'can-can-can I have some chocolate?'
- Prolongations: stretching out a sound in a word for an abnormal period
- Inappropriate pauses: pauses where you would not expect them

Please describe what you see and hear:

2. Does the child appear to show awareness of their difficulties speaking? If yes, please describe:

3. Does the child avoid particular words or speaking situations?
For example; avoids speaking in front of other children and parents? If yes, please specify:

4. Do the above behaviours fluctuate?
E.g. Worse at the beginning or end of the day or in particular situations.

5. Have the above behaviours been observed in different situations? Please describe

6. Do the child's parents notice the behaviours at home?