



STUTTERING REFERRAL CHECKLIST

1. Client repeats; hesitates or prolongs in sounds (i.e., “s-s-say”)?
YES NO NA
2. Client repeats; hesitates or prolongs in syllables (i.e., “ba-ba-baby”)?
YES NO NA
3. Client repeats; hesitates or prolongs in whole words (i.e., “and-and-and”)?
YES NO NA
4. Client repeats; hesitates or prolongs in whole phrases (i.e., “I don’t, I don’t, I don’t want it”)?
YES NO NA
5. During speech difficulty does the client exhibit struggling behavior (i.e., eye blinks, head bobbing, neck tension, etc.)?
YES NO NA
6. Is the client aware of his/her stuttering?
YES NO NA
7. Is the client embarrassed by his/her stuttering?
YES NO NA
8. Will the client read aloud in class?
YES NO NA
9. Will the client volunteer to answer questions in class?
YES NO NA
10. Will the client give oral presentations in class?
YES NO NA

Describe the frequency of the behavior noted; length of time behaviors have been present; does the communication problem call attention to itself; is the communication disruptive; is the child experiencing emotional, social, intellectual, or educational difficulties as a result of this problem (Use the back of this form if needed.)