

STUTTERING EVALUATION CASE HISTORY INTAKE

Patient Name: _____ **ACH#:** _____

DOB: _____ **CA:** _____ **DOE:** _____

Accompanied by: _____ **County living in:** _____
(Caregiver names: _____)

Any prior speech evaluations or therapy: _____yes _____no

Is child currently in speech therapy services? _____yes _____no

Does your child receive any other therapy services? _____yes _____no

Primary Concern/Reason for evaluation request:

Stuttering: _____

Age/Timing of Onset: _____

Types of Stuttering (present, not present, never seen, was happening near onset, etc.):

- Whole-word repetitions (single-syllable) _____
- Part-word repetitions _____
- Prolongations _____
- Blocks _____

Other Disfluencies Described/Demonstrated: (multisyllabic word repetitions, phrase repetitions, abandoned utterances, interjections)- Yes, No

Cycling (yes/no, length, how often): _____

Course over first 6 months after onset (better, worse, same): _____

Other features:

- Secondary movements _____
- Circumlocutions _____
- Starter Words _____
- Comments/actions indicative of frustration _____

(Older Child) settings with better & worse fluency: _____

Family History of Stuttering: _____

Daycare/Preschool/Mother's Day Out _____

School: _____ **Grade:** _____ **Regular class** _____
Resource Services _____ **504 plan** _____ **Private tutoring** _____

Social history: who lives in home? _____mom, _____dad, _____siblings (ages _____)

Any history of other speech/learning problems in the family? _____yes _____no

Birth history: _____FTNB _____PTNB (_____weeks gestation) _____birth weight

Complications at birth: _____no _____yes _____days/weeks, length of hospitalization after birth:

Medical history:

Ear infections/ear Fluid _____	Tubes _____	T&A _____
Allergies _____	Asthma _____	RSV _____
Reflux _____	Heart problems _____	Seizures _____
		Pneumonia _____
		ADD/ADHD _____

Any hospitalizations or surgeries since birth _____

Is child on any medications? _____

Developmental milestones:

Sitting _____ crawling _____ walking _____ First words _____
toilet trained _____ Did child suck thumb or pacifier for extended time: _____

Does your child play and interact well with other children? _____

Does your child have opportunities to play with other children on a regular basis? ___yes ___no

Sleep patterns: ___ snores ___ open mouth breather ___ sleeps through the night
___ restless sleeper ___ sleeps well

Eating patterns: ___ bottle ___ sippee cup ___ open cup ___ straw ___ baby foods ___ table
food, ___ picky eater, ___ prior swallow studies ___ drools ___ difficulty chewing solids
___ liquids modified ___ concerns for aspiration ___ self feeder ___ eats/drinks well

Hearing: ___ WNL with Audiology today ___ WNL with Audio on _____
___ WNL in formal screen today ___ Formal screen at outside facility _____

IMPRESSIONS:

Oral Peripheral exam:

___ WNL ___ overbite ___ underbite ___ open bite ___ large tonsils
___ open mouth posture ___ drooling ___ missing teeth ___ bifid uvula
___ small jaw ___ normal palate shape ___ narrow/high palatal arch
___ good palatal movement during /a/ ___ decreased palatal movement during /a/
___ forward tongue carriage at rest and during speech ___ restricted frenulum
___ limited cursory view _____

Fluency: ___ WNL ___ mild ___ moderate ___ severe ___ other disfluencies
___ WW repetitions ___ PW repetitions ___ prolongations ___ blocks
___ secondary characteristics ___ affective component

Response to dynamic assessment: _____

Articulation: ___ No errors, subjectively ___ WNL (screen) ___ WNL (test)
___ mild ___ moderate ___ severe ___ apraxia ___ NAE

Receptive Language: ___ WNL (screen) ___ WNL (test) ___ mild ___ mod ___ sev

Expressive Language: ___ WNL (screen) ___ WNL (test) ___ mild ___ mod ___ sev

Resonance: ___ WNL ___ hypernasal ___ hyponasal

Voice: ___ WNL ___ hoarse ___ breathy ___ harsh ___ loud ___ soft

Attention: ___ WNL ___ decreased for activities directed by others ___ decreased with
fatigue ___ decreased eye contact ___ appropriate eye contact ___ easily distracted/fidgety
___ frequent breaks provided during session ___ frequent use of token reinforcement

Behavior: ___ cooperative ___ friendly ___ shy ___ limited interaction ___ verbally
interactive ___ difficulty transitioning between activities ___ good turn taking skills
___ good play skills ___ decreased play skills ___ aggressive

STUTTERING RISK ANALYSIS:

Prognostic indicators for natural remission (74% of children who stutter):

- No family history of stuttering
- Family history of stuttering with natural remission in childhood
- Female
- Dramatic lessening in stuttering severity since onset (particularly first 6 months)
- No secondary movements 6-months following onset
- No sound blocks 6-months following onset
- No sound prolongations 6-months following onset
- Repetition units are less than three units in length 6-months following stuttering onset
- Early age of stuttering onset (before age 3;6)
- No concomitant speech or language delays

Risk factors for stuttering persistence into adulthood (26% of children who stutter):

- Family history of stuttering with persistence
- Male
- Steady or increasing stuttering severity since onset (particularly first 6 months)
- Exhibiting secondary movements 6-months following onset
- Exhibiting blocks 6-months following onset
- Exhibiting prolongations 6-months following onset
- Exhibiting dysfluencies of ≥ 3 repetition units after 6-months following onset
- Late age of stuttering onset (after age 3;6)
- No natural remission over a year since stuttering onset
- Concomitant speech or language delays

*Remember than children with mild stuttering can persist into adulthood, quality not quantity.

*Need to talk about high persistence risk after 3-years post onset, and essential inevitability of persistence 4-years post stuttering onset

RECOMMENDATIONS

- **Direct speech therapy services:**
 - *Multiple risk factors for persistence, likely falls in moderate range or beyond*
 - *Few risk factors, but stuttering has been happening for over a year without lessening in severity over time during dysfluent cycles*
 - *Multiple risk factors for persistence, mild stuttering (talk about private therapy, try to make a case)*
- **Return to clinic:**
 - *Patient has a mix of prognostic indicators for persistence and recovery (RTC 6-months, videos of bad days)*
 - *Patient is within first 6-months following stuttering onset (talk to parents about comparing to baseline data at next visit, videos, RTC at ~7-month mark)*
 - *Patient is showing signs of recovery, but parents want f/u (RTC 6-12-months)*
 - *Patient is on a fluent cycle, parents have no videos, patient has displayed stuttering that is concerning lately (instruct regarding videos, RTC in 2-3 months)*
 - *Patient shows risk, but parents aren't convinced or sold on tx (RTC 6 months)*
- **No return visit, follow-up phone call:**
 - *Patient shows signs of recovery, but not a home run*
 - *Parents are not sold on therapy, don't want another visit, but kid still needs f/u*
- **Nothing:**
 - *Home run for recovery*
 - *Excessive "other disfluencies" in absence of language disorder*
- **Other recommendations:** _____
- **Send report to:** _____