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ASSOCIATED  
SPEECH &  
LANGUAGE  
SPECIALISTS LLC

### YOUNG CHILDREN FLUENCY-CASE HISTORY

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

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your name and relationship to child: \_\_\_\_\_

1. Were there any problems with your pregnancy or the birth of this child? If so, please explain.
2. What was the child's speech and language development like? How did it compare to their siblings' development and to your expectations?
3. What was the child's motor development like compared to their siblings or other children?
4. Have any other members of your family had speech or language disorders? If so, who and what problems did they have?
5. Does anyone in the family stutter? If so, who?
6. When was the child's dysfluency first noticed?
7. Was there anything special going on in the child's life when the dysfluency started? If so, what and how long had it been going on?
8. What was the dysfluency like when it was first noticed?

9. Have there been any changes in the child's speech since the dysfluency was first noticed?
10. Does the child appear to be aware of his/her dysfluency?
11. Does the child sometimes appear to change a word because he/she expects to be dysfluent on it?
12. Does the child seem to avoid talking in some situations, when he/she expects to be dysfluent?
13. What do you believe caused the problem?
14. How do you feel about the child's dysfluency problem? Other relatives' reactions?
15. What, if any, have you as parents done about the problem?
16. Has the child been seen anywhere else for the problem? If so, what were the outcomes?
17. When, and in what situations does the child exhibit the most dysfluency? The least dysfluency?
18. What is your child's personality and temperament like?
19. Is there anything else you can think of to tell us that will help us understand your child's dysfluency?
20. How typical is your child's speech today?