

Parent Questionnaire

Name of Child: _____

Name of Parent(s): _____

Date: _____

Please complete the following statements:

1. My greatest concerns regarding my child's speech problem are...
2. I feel my child is/is not aware of his/her speech problem because...
3. I feel my child is/is not concerned about his/her speech problem because...
4. The situations where my child has the most trouble talking are...
5. When my child stutters, I feel...
6. When my child stutters, I say/do...
7. When my child stutters, other family members react by...
8. My knowledge about stuttering is...
9. From previous therapy, if any, I learned...
10. As a result of this therapy, I hope...