



*Community Centered Stuttering Assessment-
Speech-Language Pathologist (CCSA-SLP)
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Dowler*

Client: _____ *SLP:* _____ *Date:* _____

Background

Is this a new client, or a client who has been in therapy?

___ New

___ Continuing

If client has been in therapy, how long have they been in therapy?

What treatment goals would you recommend for this client over the next three months?

Impact

1. Rate the child's knowledge level of stuttering. (circle one)

None	Low	Average	High	Very High
1	2	3	4	5

2. How often does the child have negative reactions to their stuttering? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

What negative reactions does the child exhibit?

3. How often does the child exhibit physical tension? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

Describe the physical tension:

4. How often does the child exhibit secondary behaviors associated with stuttering? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

Describe the secondary behaviors:

5. What is the child's overall confidence in speaking? (circle one)

None	Low	Average	High	Very High
1	2	3	4	5

6. Rate the child's overall social skills. (circle one)

None	Low	Average	High	Very High
1	2	3	4	5

Describe any concerns related to social skills:

7. Rate the child's readiness to participate in therapy. (circle one)

None	Low	Average	High	Very High
1	2	3	4	5

Describe anything that may interfere with therapy:

8. Rate the severity level of the child's stuttering. (circle one)

Mild	Mild- Moderate	Moderate	Moderate- Severe	Severe
1	2	3	4	5

Other Comments/Notes: