

Teacher Questionnaire

Name of Child: _____

Name of Teacher: _____

Date: _____ Grade: _____

Please complete the following statements:

1. Some things I have noticed about his child's communication are . . .
2. When this child answers questions in class, he/she . . .
3. When this child speaks to me at my desk, he/she . . .
4. When this child reads aloud, he/she . . .
5. If/When this child has difficulty speaking, I respond by . . .
6. If/When this child has difficulty speaking, other children respond by . . .
7. If/When this child has difficulty speaking, it occurs mostly when . . .
8. My knowledge about stuttering is . . .
9. Other concerns I have about this child's success in the classroom are . . .
10. Most importantly, right now I need to know . . .