

## SUPER SPEECH SOLUTIONS FLUENCY SCREENING FORM

Child's Name:

Grade:

Homeroom Teacher:

SLP:

Date:

Check all that apply:

\_\_\_\_Repeats whole words

\_\_\_Repeats parts of words

Prolongs sounds

\_\_\_\_Exhibits tension when speaking

Exhibits secondary characteristics

Comments:

Pass \_\_\_\_\_

Fail \_\_\_\_\_

10245 Kempwood Dr., Suite E, Unit#1006 - Houston, TX 77043| 713-364-4398