



*Community Centered Stuttering Assessment-
Parents (CCSA-P)
Craig Coleman, M.A., CCC-SLP, BCS-F & Lindsey
Miller*

Client: _____ *Parent:* _____ *Date:* _____

Background

Is there a family history of stuttering? If so, who?

At what age did you first notice your child's stuttering?

Has your child had speech therapy before? If so, what were the goals?

Impact

1. How often does stuttering interfere with your child's ability to communicate with you? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

In what ways does stuttering interfere with your child's ability to communicate with you?

2. How often does stuttering interfere with your child's academic performance or class participation at school? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

In what ways does stuttering interfere with your child's academic performance or class participation at school?

3. How often does stuttering interfere with your child's ability to communicate with peers? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

In what ways does stuttering interfere with your child's ability to communicate with peers?

4. How often does stuttering interfere with your child's ability to communicate with other family members? (circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

In what ways does stuttering interfere with your child's ability to communicate with other family members?

5. How much do you think stuttering will interfere with your child's future?
(circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

In what ways will stuttering interfere with your child's future?

6. How often does your child have negative reactions to his or her stuttering?
(circle one)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

What negative reactions does the child exhibit?

7. Are there specific situations where your child has difficulty communicating or refuses to communicate?

8. When your child stutters, how do you react?

9. 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: