

# **Graduate Fluency Disorders Course Assignment Comprehensive Stuttering Evaluation Submission Template**

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Students' Names:

Client's ID:

## **EVALUATION REPORT**

### ***Observable Aspects of Stuttering***

During a picture description activity, **CLIENT** demonstrated disfluencies on **XX** out of **XX (200-300)** syllables (**XX%**). Out of those disfluencies, **XX** were considered stutter-like (**XX%**). Stutter-like disfluencies consisted of **single-syllable word repetitions** ("like like like this"), **sound repetitions** ("l-l-like this"), **syllable repetitions** ("li-li-like this"), **prolongations** ("lllike this"), **blocks** ("l-ike this"), and **XX**.

During a reading out loud activity, **CLIENT** demonstrated disfluencies on **XX** out of **XX (200-300)** syllables (**XX%**). Out of those disfluencies, **XX** were considered stutter-like (**XX%**). Stutter-like disfluencies consisted of **single-syllable word repetitions** ("like like like this"), **sound repetitions** ("l-l-like this"), **syllable repetitions** ("li-li-like this"), **prolongations** ("lllike this"), **blocks** ("l-ike this"), and **XX**.

Non-stutter-like disfluencies observed included **interjections** ("um," "like,"), **revisions** ("like this, no that"), **phrase repetitions** ("like this, like this"), **multisyllabic whole word repetitions** ("because because"), and **XX**.

Physical secondary characteristics observed included throat clearing, eye blinking, loss of eye contact, foot stomping, facial grimacing, jaw jerking, fist clenching, body movements, and **XX**. OR No physical secondary characteristics were observed.

### ***Stuttering Experience***

Overall Assessment of the Speaker's Experience of Stuttering.  
School-Age/Teenage/Adult (OASES-S/T/A)

“The OASES protocol examines the entirety of the stuttering disorder from the perspective of the individual who stutters. A self-report measure... the OASES evaluates the speaker’s perceptions of observable stuttering behaviors, reactions to stuttering, and difficulties in performing daily activities involving communication.”

“Each item is scored on a 5-point scale. For all items, as well as for the test as a whole, higher scores indicate a greater negative impact of stuttering.” Impact Ratings are interpreted as follows:

| Impact Rating   | Impact Score |
|-----------------|--------------|
| Mild            | 1.00-1.49    |
| Mild-Moderate   | 1.50-2.24    |
| Moderate        | 2.25-2.99    |
| Moderate-Severe | 3.00-3.74    |
| Severe          | 3.75-5.00    |

Below are CLIENT’S results, based on their self-report.

| OASES Section       | Impact Score<br>(Ranging from 1.00 to 5.00) | Impact Rating |
|---------------------|---------------------------------------------|---------------|
| General Information | XX                                          | XX            |
| Speaker’s Reactions | XX                                          | XX            |
| Daily Communication | XX                                          | XX            |
| Quality of Life     | XX                                          | XX            |
| Overall Impact      | XX                                          | XX            |

### *Section I: General Information*

“The items in Section I assess the speaker’s perceptions of his or her stuttering, including self-ratings of speech fluency, speech naturalness, and knowledge about self-help and treatment options. In addition, this section includes a number of broad statements designed to evaluate the speaker’s overall impressions of his or her speaking ability and of being identified as a person who stutters.”

CLIENT’S responses to Section I resulted in an Impact Rating of XXX.

### *Section II: Your Reactions to Stuttering*

“Section II addresses the affective, behavioral, and cognitive reactions the speaker may experience as a result of stuttering. The items in this section assess the speaker’s shame, embarrassment, guilt (affective reactions); tension, struggle, and avoidance (behavioral reactions); and beliefs about speaking and stuttering (cognitive reactions).”

CLIENT’S responses to Section II resulted in an Impact Rating of XXX.

### *Section III: Communication in Daily Situations*

“Section III consists of items that assess the difficulties the speaker may have when communicating in daily situations (such as work or at school, in social settings, or at home). Included in this section are age-appropriate items that assess how difficult it is for the individual to speak under time constraints, talk to large or small groups, speak on the telephone, give presentations, order food at a restaurant, and talk to family members and others at home.”

**CLIENT’S** responses to Section III resulted in an Impact Rating of **XXX**.

### *Section IV: Quality of Life*

“The negative impact of stuttering on a person’s life is the focus of Section IV. Items include ratings of the speaker’s satisfaction with his or her ability to communicate in key situations and with important individuals as well as the degree to which stuttering interferes with the speaker’s relationships with others and his or her ability to participate in life.”

**CLIENT’S** responses to Section IV resulted in an Impact Rating of **XXX**.

### *Overall Impact*

“Because stuttering is a multifaceted disorder that no two people experience in the same way, it can be difficult to apply a single label (e.g., mild, mild-moderate, moderate, moderate-severe, or severe to an individual’s experiences... [However,] if researchers and clinicians are cautious in their interpretation of OASES scores and Impact Ratings, they can derive meaningful information about the nature of an individual’s stuttering and how it compares to the experiences of other people who stutter.”

**CLIENT’S** responses resulted in an Overall Impact Rating of **XXX**.

**CLIENT’S** OASES results and informal interview revealed the following relative strengths as evidenced by specific responses, behaviors, or scores: **[LIST OR EXPLAIN AT LEAST THREE ITEMS OR AREAS, BE SPECIFIC]**.

**CLIENT’S** OASES results and informal interview suggest the following potential areas for improvement, as evidenced by specific responses, behaviors, or scores: **[LIST OR EXPLAIN AT LEAST TWO ITEMS OR AREAS, BE SPECIFIC]**.

### ***Conclusion and Recommendation***

**CLIENT** presents with stuttered speech characterized by **whole-word repetitions, sound or syllable repetitions, prolongations, blocks, and XX**. The OASES revealed an overall **mild/mild-moderate/moderate/moderate-severe/severe** impact on **CLIENT**. Relative

strengths include [RESTATE], while potential therapy targets include [RESTATE]. It is recommended that CLIENT RECEIVE/NOT RECEIVE speech/language therapy based on the functional and experiential impacts of stuttering described above.

## **REFLECTIVE QUESTIONS**

- 1. How were your measurements of the observational aspects of stuttering similar and different? Include at least one example of a moment where you initially disagreed and explain how your discussion influenced your clinical judgment.**
- 2. Name at least one specific additional assessment, rating scale, questionnaire, and/or interview strategy you would use if given the opportunity.** This could include measures of other aspects of communication (e.g., receptive, expressive, and/or pragmatic language, word-finding skills, articulation skills, etc.). If using a rating scale, questionnaire, or interview strategy, it could be administered with the client directly or other relevant stakeholders (e.g., parent, teacher, partner, etc.). **Your response should clearly explain why this measure is appropriate for this client, not just clients who stutter in general. Explain how that additional information would inform your recommendations.**