

Fluency Severity Rating Home Assignment

Date: _____

Complete a Severity Rating (SR) at the end of each treatment session and at the end of each day
 1 = no stuttering 2 = very mild stuttering 10 = very severe stuttering

Make any comments in the space provided

Date	Daily SR	Session Activity	Session SR
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10
_____	1 2 3 4 5 6 7 8 9 10	_____	1 2 3 4 5 6 7 8 9 10

Number of 10-15 min structured treatment sessions to be completed this week: _____

Praise only Praise + Correction (5:1)

Number of feedback comments during natural conversations to offer each day: _____

Praise only Praise + Correction (5:1)

Language level to aim for during home treatment sessions:

- one-word repeated phrase ("I see...")
- short comments ("I like the _____") one-sentence ("I need the blue one next")
- connected sentences (story) modify according to need

SMST/ST Collect recorded sample of _____