

## CLASSROOM SUGGESTIONS FOR CHILDREN WHO STUTTER

**Rationale:** **Stuttering**, a complex disorder, can be progressive if it is not successfully treated by a speech-language pathologist (SLP) and dealt with properly in the classroom. All children who stutter require **special considerations** in the classroom to prevent stuttering from progressing, and so that they are afforded a comfortable learning environment. This is part of their **IEP**. Children who stutter should have the same expectations of them from a classroom participation standpoint. However, their special needs are to be met just as we would do for a visually or hearing-impaired child. The fact is that several things can happen in the classroom to negatively impact a child who stutters (i.e. improper listener reaction from teachers, too many communicative demands, and teasing). Some children who stutter develop avoidance behaviors through a **fear** of speaking aloud in class. This can lead to stuttering negatively impacting the learning experience and child's comfort level in the classroom. **Teachers** are an integral part of the child's **success**. The following are proven ideas to enhance the learning experience of a child who stutters and to reinforce **more fluid** speech and a feeling of success.

- If reading aloud or another verbal turn taking exercise is planned, call on the child **first** to decrease anticipation. Consider how the speed or tempo of the exercise may impact fluency.
- Phrase questions to only require a yes/no answer or short phrase until **ready** for more complex answers. This allows the child to experience **success** speaking and at the same time have her knowledge tested.
- Where possible, call on her when her hand is raised. This usually indicates she is **comfortable** speaking at that moment. New speaking successes build future confidence.
- Be conscious of your facial expressions and nonverbal feedback when a child stutters. Do your best to maintain comfortable facial expressions and **relaxed** "body language" while the child is speaking to you. Unconditional listening is ideal. Modeling of slow, relaxed speech can be helpful.
- Refrain from **advice** such as "slow down," "start over" or "take a breath." This type of advice does more damage than good. This advice tells the child stuttering is not approved of and raises her self-consciousness about stuttering. It is particularly harmful when a child is corrected in front of her peers. Let her finish sentences or words instead of completing them.
- Be careful not to convey a sense of **time pressure** to the child. Rapid turn taking, attendance roll call, and interruptions also convey a sense of time pressure.
- **Teasing** cannot be permitted. Most children seek approval from their teacher and the teacher should enlist the students help with this matter. Punishing those who tease generally does not help. Sitting down the bully and the victim for a face-to-face after class can be helpful; teach sorry and forgiving.
- If the child has already developed stuttering severity that is obvious to her and her peers, it *may be* beneficial to **educate** the class about stuttering. Use caution to "frame" stuttering in a way that the child's self-image is intact. Consult parents and the SLP if this is being considered. A general inservice about "differences" between people can be used as a metaphor before mentioning speech. We want to decrease teasing and persistent questions about the speech by peers.
- Get feedback from child, parent and speech pathologist, where involved, before assigning child to a play or other highly demanding speaking situation.
- If you expect a substitute teacher to fill in, please **prepare** them for the child's special needs.
- Excusing a child from participating may develop *secondary gains* for stuttering- she may have less incentive to **improve**. Adults can **enable** the problem by excusing child from talking. One exception is: graded oral reading test that demands fast rate (i.e., DIBEL test) is not to be forced on child- refer to testing protocol and make accommodations for child who stutters.