

Fluency Monitor Checklist

Time: _____

Type of Dysfluency	Monday	Tuesday	Wednesday	Thursday	Friday
Repetition					
Block					
Prolongation					

Strategy/Tool	Monday	Tuesday	Wednesday	Thursday	Friday
Easy Onset					
Stretch 1 st sound					
Pull out of word					

Pick one hour per day/night to monitor your speech. Place a tally in the box that shows the type of dysfluency you had and a tally in the box of the fluency strategy you used to make your speech smoother.

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