

Guidelines for SLP and Interpreter Collaboration for a Stuttering Assessment

Name of Client _____ Age _____
Client's Home Language (s) _____
Interpreter's Full Name _____ ID Call Number _____
Interpreter's signature _____ Agency _____ Phone Number _____
SLP's Name _____ Date of Assessment _____

Instructions: This form is explained in detailed in the paper: The SLP's Role in Developing a Collaborative Relationship with Interpreters when Conducting a Stuttering Evaluation: Empowering Clients with Limited English Proficiency to Speak Their Mind Through the Interpreter.

Please review each part of this form with the interpreter prior to conducting the stuttering assessment

Part I: I have Confirmed that the Interpreter states that he/she understands the Code of Ethics ____ Yes ____ No

Code of Ethics for Medical Interpreters <http://www.imiaweb.org/uploads/pages/376.pdf>

Part II: Briefed the interpreter on the following assessment procedures:

- Review test protocols, checklists and other assessment tools
- Clarify the interpreter's role during the clinical encounter
- Remind the interpreter to accurately report any errors on speech fluency, grammar, voice, and pragmatics.
- Involve the interpreter in engaging family members and in collecting ethnographic data
- Interpret what the client said verbatim, and DO NOT fill in the words to create grammatically correct sentences
- The interpreter must always follow the lead of SLP during the assessment
- Encourage the client to ask for explanations or clarifications through the interpreter
- Video tape speaking samples for analyzing stuttering data and to determine stuttering severity
- Ask parents to describe the stuttering behaviors (e.g., triggers that precipitate stuttering moments; frequency of stuttering moments; severity rating; parent/client attitudes and reactions toward stuttering)

Part III: For standardized tests, I have instructed the interpreter on the follow points:

1. Do not reword prompts
2. Do not add gestures or vocal inflections
3. Do not provide scaffolds to elicit information, other than the ones provided by the SLP.
4. Do translate verbatim from spoken or written protocols
5. Do record all client responses verbatim, without adding or deleting information

Part IV: I have reviewed stuttering terminology with the interpreter __yes __No

1. **Definition of Stuttering: Talk with continued involuntary repetitions , prolongations and/or blockages of sounds**
2. **Repetitions of speech sounds (e.g., M-m-m-my name is.), Syllables (e.g., Whi-whi-whi-which one?; I love my si-si-sister), and whole words (e.g. Green-green-green is my favorite color)**
3. **Prolongations of sounds and syllables (S— — —spiders are scary; Give me a pe— — — -nny)**
4. **Secondary Behaviors: Distracting Sounds, Facial Grimaces, Head Movements, Movement of Extremities**
5. **Communication Attitudes and Social/Emotional Reactions to Stuttering.**
6. **Speaking Sample**
7. **Syllable Count (collect between 150 and 500 syllables)**
8. **Percentage of syllables stuttered (frequency)**
9. **Duration of Stuttering Moments: take the average of the three longest lasting stuttering events**

Part V: I have debriefed with the interpreter after the assessment ____ Yes ____ No

1. Review assessment data with interpreter to avoid any possible misunderstandings or confusion
2. Request assistance with interpretation of assessment data
3. Share valuable cultural and linguistic insights noted during the assessment
4. Discuss whether certain behaviors are considered culturally appropriate (e.g., eye contact, conversational turn-taking)

Part VI: I have researched cultural customs and behaviors that are specific to my client's background. ___Yes ___No

1. Communication Styles and rules: facial expressions, gestures, eye-contact, personal space, touching, body language, tone of voice, display of emotion, conversational patterns
2. Notions of Curtesy and Manners: friendship, leadership, cleanliness, modesty, and beauty
3. Concepts of Self: time, past/future, fairness and justice
4. Roles related to age, sex, class and family
5. Attitudes towards: elders, teens, dependents, rules, expectations, work ethic, authority, cooperation/competition, and school/special education services
6. Approaches to religion, courtship, marriage, raising children, decision making
7. Family level of participation in the assessment and treatment process