



IEP Goals for Children who Stutter in Schools

Speech therapists in schools often report feeling limited to addressing goals that measure percentage of syllables stuttered or success using fluency-based strategies. Research and clinical evidence indicates that measures of overt stuttering are not reliable indicators of therapeutic success. We also know that fluency-based strategies reinforce the belief that stuttering is “wrong” and should be “fixed,” often resulting in feelings of shame, guilt, and hopelessness, ultimately leading to more physical/mental struggle. As a result of focusing on fluency, many children learn to hide their stuttering by participating less, changing words, avoiding situations where they think they will stutter, etc. Therefore, we need to develop goals that focus on increasing the child’s confidence, participation, and emotional regulation during school communications.

We want to help you by presenting stutter-affirming goals that are valid indicators of true improvement in the quality of life for children who stutter within schools. Here we have compiled a list of goals that focus on the major areas of stutter-affirming therapy and are still measurable, achievable, and impactful. Of course, these goals are outlines and can be further modified depending on the individual student. Many goals may also overlap in multiple different categories.

Education and Awareness of Stuttering

Long Term Goal:

By DATE, student will increase their general knowledge and understanding about stuttering, as measured by a reduced score in the OASES-S* “General Information” section I-B, from ____ (baseline score) to ____.

- Ex: from 25 to 15.

Short Term Objectives:

By DATE, student will independently describe the different types of stuttering (repetition, prolongation, block) in 3/3 opportunities.

By DATE, student will teach an ally (family member, friend, peer, etc.) 3 facts and 3 myths about stuttering.

Physical Struggle

Long Term Goal:

By DATE, student will reduce secondary struggle behaviors, as measured by the SSI-4 "Physical Concomitants" section from ____ (baseline score) to ____.

- Ex: from 17 to 10.

Short Term Objectives:

By DATE, student will independently identify at least 2 secondary struggle behaviors that are part of his/her stuttering pattern with 90% accuracy.

By DATE, student will maintain eye contact during moments of stuttering at least 80% of the time while speaking with a family member/peer/the speech language pathologist.

Participation

Long Term Goal:

By DATE, student will increase participation from ____ (baseline number) to ____ in the classroom (e.g., raising hand, reading aloud, class discussions, etc), as measured on a ten-point scale.

Short Term Objectives:

By DATE, student will raise their hand to participate in class by asking a question, answering a question, or making a comment at least 3 times a week for two consecutive weeks.

By DATE, when provided moderate support by the speech language pathologist, student will create a plan to share with their teacher regarding participation in class and helpful responses/reactions to stuttered moments (e.g., "Only call on me if I raise my hand, and let me finish my sentences without finishing them for me").

Emotional Reactions to Stuttering

Long Term Goal:

By DATE, student will reduce the intensity of negative emotions related to stuttering (e.g., shame, guilt, hopelessness) from ____ (baseline number) to ____ during moments of stuttering, as measured on a ten-point self-rating scale.

Short Term Objectives:

By DATE, student will independently identify 3 affective reactions to stuttering (e.g., "Stuttering feels embarrassing").

By DATE, student will identify and implement at least 2 strategies to manage negative emotions (e.g., self-talk, telling the therapist, grounding exercise, talking to a friend) within a therapy session, when provided minimal visual supports.

Cognitive Reactions to Stuttering

Long Term Goal:

By DATE, student will replace a previously reported negative cognition about stuttering (e.g., "If I stutter, I am failing to communicate") with a healthy cognition about stuttering (e.g., "I am an excellent communicator, including when I stutter") in at least 3 therapy sessions, as measured by the clinician.

Short Term Objectives:

By DATE, student will identify 3 cognitive reactions about stuttering (e.g., "It is better not to talk than to stutter") when provided minimal support from the speech language pathologist.

By DATE, student will rationally evaluate 3 cognitive reactions to stuttering by listing actual listener reactions when provided moderate visual and verbal cues.

Self-Advocacy

Long Term Goal:

By DATE, student will improve self-advocacy skills, as measured by a self-rating on a 10-point-scale, from ____ (baseline number) to ____ in social situations at school (e.g., group discussion, lunch room, answering questions, recess, etc.).

Short Term Objectives:

By DATE, student will self-disclose to 3 people (e.g., a peer, teacher, family member) during unstructured interactions in their daily life, as measured by self-report.

By DATE, student will use a script to respond to teasing during a structured speaking activity with the speech language pathologist when provided moderate visual and verbal cues.

Confidence in Communication Situations

Long Term Goal:

By DATE, student will increase their level of comfort communicating in daily situations, as measured by a reduced score in the OASES-T "Communication in Daily Situations" section III from ____ (baseline score) to ____.

- Ex: from 85 to 60.

Short Term Objectives:

By DATE, student will desensitize to the stuttering moment by producing 5 voluntary stutters in a therapy session when provided minimal visual and verbal cues.

By DATE, student will independently produce 10 forward-moving open stutters in a therapy session.

**OASES-S: School-Age Children (ages 7-12)*

**OASES-T: Teens (ages 13-17)*

**OASES-A: Adults (ages 18 and above)*