Educators are among the most important and influential members of a child’s environment. For a child who stutters, a teacher’s understanding and support can have a major impact on the child’s experience with their own speech.

Different children will have different needs from their therapists and teachers. The most important thing you can do is listen to the child to learn about their needs. Situations you may see include: a child who has been bullied, a child who is reluctant to express feelings about stuttering, a child who is embarrassed about speaking, or a child who does not participate in classroom activities, such as reading aloud or giving reports, because of a fear of stuttering. These are just some of the challenging situations that may be faced by children who stutter.

The good news is that you can help. First, remember that you define the communication environment in your classroom. Through your own model, you can establish the patterns that other children will follow when reacting to children who stutter. Second, there are many ways you can provide a supportive communication environment for children who stutter.

For example:

- Minimize interruptions of the child’s speech and model an easy, relaxed speaking style.
- Exhibit a positive, accepting attitude about different communication styles and abilities.
- Act as a liaison between therapy and the classroom; you can aid in therapy progress.
- Be a source of understanding and support. You are in a unique position to help the child who stutters accept themself.
- Be aware of the messages that you (and your students) send. Help everyone understand the importance of acceptance.
- Work together with parents, speech-language pathologists, and others to support the child, both in and out of the classroom.

By implementing these and other strategies, you can help the child learn that it is okay to stutter and that you support them regardless of whether or not they speak fluently.
WHAT IS STUTTERING
Stuttering is a communication disorder that typically involves disruptions, or disfluencies, in the flow of speech. Stuttering involves more than just the production of disfluencies, however. Stuttering can also have a significant impact on a child's ability to communicate in key settings, including the classroom. This can lead to low self-esteem and reduced self-confidence, as well as difficulties participating in activities that involve communication.

WHAT IS KNOWN ABOUT STUTTERING
Stuttering affects approximately 1% of the population (about 3 million people in the United States). The causes of stuttering are complex; current research indicates that stuttering is due to many related aspects of the child's development. Stuttering is not caused by psychological or physical trauma. It is not an emotional disorder, and children who stutter do not have higher or lower than average intelligence than other children.

Stuttering is highly variable. Children may stutter more on some days and in some situations but less on other days and in other situations. It can be hard to figure out what causes these daily and situational changes. This variability adds to the mystery surrounding stuttering and makes it harder for the child to know how to deal with speaking difficulties. Many children exhibit early signs of stuttering in the preschool years, though most outgrow it. Unfortunately, we cannot predict which children will develop normal fluency and which will continue to stutter. Early assessment, diagnosis, and treatment by a qualified speech-language pathologist are critical for ensuring the child's long-term communication success.

INDIVIDUALIZED EDUCATION PLAN
Children between the ages of 3 and 21 may be eligible for services through their local public school system. For these children, an Individualized Education Plan (IEP) can be created and customized, based on their assessment results. Treatment goals should target all aspects of stuttering, not only the number of disfluencies. For example, goals may address the child's emotional reactions to stuttering, the difficulties the child has when communicating, the reactions by those in the child's environment, and the adverse impact that stuttering has on the child's life.

WHAT SPEECH THERAPY CAN DO
Speech therapy can help children who stutter communicate more easily and more effectively. There is no cure for stuttering, and 'quick fixes' usually do not last for very long. Successful therapy involves a process of change over time, through which children learn to manage their speech and make positive changes for the long term. Therapy is not easy for the child or clinician, but it can make a difference.

Through therapy, children can learn how to handle moments of stuttering, so stuttering is less disruptive to their communication. Most importantly, children can learn to speak with greater ease and greater confidence, so they can say what they want to say, regardless of whether or not they stutter. This helps to reduce the impact of stuttering on their lives so they are not negatively affected by the fact that they stutter.

SPEECH THERAPY GOALS
For the child who already has an established pattern of stuttering, the goal of speech therapy is not simply to make the child fluent. Of course, improved fluency may be addressed, but it is only part of the process. Therapy also helps to prevent negative emotions or avoidance behaviors from becoming part of the child's stuttering. This means that even when a child cannot speak fluently, he can still speak freely and say what he wants to say. The overall goal of therapy is effective communication in the classroom and elsewhere. Successful therapy fulfills two important roles in the child's life: increasing speech management skills and creating positive beliefs and feelings about speech, stuttering, and self.

HOW TEACHERS CAN HANDLE BULLYING
Bullying is a part of everyday life for many kids, and it is often a problem that is not easily fixed. Still, teachers can help children who stutter learn strategies for dealing with bullying on their own. The goal of these strategies is to help children respond in ways that minimize future bullying experiences, while supporting the development of self-esteem and confidence. For example:

• Establish a classroom atmosphere that fosters a tolerance for differences among ALL children.
• Handle ALL bullying episodes in a matter-of-fact, positive way.
• Discuss bullying episodes discreetly, and ask the child who stutters what they need from you.

CLASSROOM SITUATIONS
Classroom tasks can be among the most challenging for a child who stutters. Here are some tips from fellow educators that can help you help the a child who stutters in your classroom.

• During classroom discussions, allow extra time for the child to respond, and encourage everyone to contribute their ideas.
• Recall that reading out loud in class may increase a child’s anxiety as the child waits for their turn. After talking with the child about what would work best for them, consider selecting readers at random, rather than going “down the row”.
• During group work, monitor students’ collaboration to make sure the child who stutters has the chance to participate in class activities.
• Remember that time pressure makes it harder for a child who stutters to speak. When asking questions, try not to reward only the fastest responses.
• Help all students learn to take turns and allow time for thinking and responding.
• Oral reports may be particularly difficult for a child who stutters. Work with the child to develop a plan that meets their individual needs.
• Flexibility may be needed, but it is important to provide opportunities for the child to be a successful contributor in class.

ADDITIONAL SUGGESTIONS
• Finishing sentences and filling in words are not generally helpful. Even though you may be trying to help, this can put even more pressure on the child/student who stutters.
• Be a good listener. Maintain normal eye contact and do not seem impatient, embarrassed, or alarmed. Wait patiently until the child is finished speaking.
• Don't give advice such as "slow down," "take a breath," or "relax". These are simplistic and unhelpful responses to a more complex problem.
• Let the child know, by your manner and actions, that you are listening to what they are saying, not how they are saying it.