

Dear Parents

Following on from previous years, Sutherland Dianella Primary School has again formed a partnership with Liana Gunzburg, Speech Pathologist, to carry out speech and language development screening on Kindergarten and Pre Primary children at the school. Liana has a well-established Speech Pathology practice in Dianella and has many years of experience working with children. (See www.dianellaspeechpathology.com.au for more information.)

Your child has been selected to participate in the screening, based on information provided by the teaching staff, Student Services Team or by you. Each child will be seen individually, away from the classroom. A written summary will be provided about your child's skills with recommendations for further assessment if required. Liana will also consult with the classroom teacher to support her in making use of the screening data in programming for language activities.

The below information is to assist Liana in screening the children, and will be treated confidentially. Please give as much relevant information as possible, writing on the back if you need more room.

Yours sincerely

Jenn Allsop
Principal
[Date]

CHILD'S NAME: _____	Date of Birth: _____
Country of Birth _____	
PARENTS' NAMES: Mother: _____	Father: _____
Phone (H): _____ Mobiles: _____	
Address: _____	
Email: _____	

FAMILY INFORMATION

Siblings' Names: _____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____

Are there any **languages other than English** spoken at Home? Yes No

If yes, what languages? _____

By whom _____

How well does the Mother of this child speak English? *(Please place a cross on the line)*

●-----●

Poorly Very well

How well does the Father of this child speak English? *(Please place a cross on the line)*

●-----●

Poorly Very well

How much of the day does the child speak English?

- All day Most of the day Half of the day Some of the day None of the day

Is there a **history in your family** of:

Speech difficulties? Yes No Reading/spelling/dyslexia difficulties? Yes No Stuttering? Yes No

Language or learning difficulties? Yes No Other disabilities? Yes No

If YES to any of the above, please give details:

DEVELOPMENTAL HISTORY

Were there any difficulties during **pregnancy or birth**? Yes No

Did your child have **feeding difficulties** as a baby? Yes No

Was the baby **premature**? Yes No If so, by how long?

If YES to any of the above, please give details:

Do you have any concerns about your **child's development** (social interaction, communication, coordination, vision, sleep, toileting)?

Yes No

Details: _____

When did your child **first**:

Crawl? _____

Say first word? _____

Walk? _____

Say two connected words? _____

say two connected words? Yes No

Does your child have difficulty **following instructions or understanding questions**? Yes No

Details: _____

Do you or other people have **trouble understanding what your child is saying**? Yes No

Details/examples: _____

Did (or does) your child use a **dummy/pacifier**? Yes No Age they stopped using it? _____

Does your child suck their thumb? Yes No

Has your child ever been to see a Speech Pathologist? Yes No

Speech Pathologist's Name/Agency: _____

Date of Assessment: _____

Reason for Assessment: _____

Date last seen: _____

Amount/type of therapy _____

MEDICAL HISTORY

Has your child been diagnosed with a **medical condition**? Yes No

If YES, please give details:

Has your child ever been **hospitalized**? Yes No

If YES, please give details:

Has your child ever had a **middle ear infection**?

Never Once Between 2 and 5 times More than 5 times Unsure

Has your child's **hearing** been tested? Yes No

If YES, please provide date of test and results:

List any specific questions or concerns about your child's speech and language development.

Please sign the permission box below for the Speech Pathologist to screen your child:

I _____ (parent's name) give permission for my child _____ to participate in the speech and language screening at Sutherland Dianella Primary School. I understand that the information will only be used to detect possible difficulties and plan the most appropriate program to assist my child's education, and that all information will be treated with respect and privacy.
Parent's Signature _____ Date: _____

Thank you for completing this questionnaire.

Please return it to the class teacher or the school office as soon as possible.