



Speech Pathology Referral Information for Children for whom English is an additional Language Metropolitan Child Development Service

Child's Name: _____ **Child's Date of Birth:** _____

This checklist should be used to gather additional information **from the parent/guardian in support of a referral** to Speech Pathology at the Metropolitan Child Development Service (CDS). It should accompany a CDS referral form containing a description of the child's speech and language skills.

1. Was an interpreter used to obtain this information? Yes No

Which language? _____

Who acted as interpreter? (e.g. relative, friend, qualified interpreter, Education Assistant):

2. Has the child been seen by a visiting teacher for ESL? Yes No

3. Child's country of origin: _____

4. How long has this child resided in Australia? _____

5. Father's primary language: _____

6. Languages spoken by father to child: _____

7. Mother's primary language: _____

8. Languages spoken by mother to child: _____

9. Languages spoken by other caregivers: _____

10. Languages spoken by the child: _____

11. Primary language spoken at home: _____



12. Please comment on the parents' and caregivers' proficiency in English:

13. Please summarise the child's exposure to English (e.g. childcare, playgroup):

We are now interested in getting an idea of the child's skills in their FIRST LANGUAGE compared to their skills in English (second language).

| | | First Language | | English | |
|---------------------|--|----------------|----|---------|----|
| | | Yes | No | Yes | No |
| SPEECH | The child's sentences are easily understood | | | | |
| | The child's speech sounds similar to other children their age | | | | |
| EXPRESSIVE LANGUAGE | The child is speaking in full sentences | | | | |
| | The child has difficulty finding the right word to name things | | | | |
| | The child can tell a story | | | | |
| COMPREHENSION | The child understands instructions | | | | |
| | The child can answer a range of questions correctly | | | | |
| | The child has difficulty attending/listening | | | | |

Please return to the Child Development Service:
 POST: PO BOX 1095 West Perth 6872
 Fax: 9426 7676
 E-mail: childdevelopmentsservice@health.wa.gov.au

For more information contact the Child Development Service on 1300 551 827