



Speech pathology referral information for children for whom English is an additional language

Child's name: _____ Child's date of birth: _____

Date completed: _____

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 be accompanied by 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. Child's country of origin: _____

3. How long has this child lived in Australia? _____

4. Father's primary language: _____

5. Languages spoken by father to child: _____

6. Mother's primary language: _____

7. Languages spoken by mother to child: _____

8. Languages spoken by significant others (e.g. grandparent, child care staff):

9. Languages spoken by the child: _____

10. Primary language spoken at home: _____

11. Please comment on the parents' and caregivers' proficiency in English (5 line limit):

12. Please summarise the child's exposure to English (e.g. child care, playgroup) (5 line limit):

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Do not write in margin

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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				

Name: _____

Agency/School: _____

Agency/School address: _____

Agency/School phone number: _____

Email: _____

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Please submit as an attachment to the online CDS referral form at cahs.health.wa.gov.au/CDSreferrals or via email as directed by the child's clinician.