La Trobe Communication Clinic
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Client Information
Phonological Awareness for Literacy (PAL Program)

PERSONAL DETAILS

Child's Full Name.....

Country of Birth..... **If not born in Australia date of arrival here**.....

Current Grade Level.....

Has your child ever repeated a grade? Yes/No If yes which grade?.....

FAMILY INFORMATION

Parent/Carer Name	**Parent/Carer Name** .....
Occupation	**Occupation** .....
Country of birth ..... *If not Australia, date of arrival into Australia*	**Country of birth** ..... *If not Australia, date of arrival into Australia* .....
Language (s) spoken	**Language (s) spoken** .....

Names and ages of brothers and sisters of child ....

....

....

Name of person to contact about the child .....

REFERRAL INFORMATION

Who referred your child for literacy intervention?.....

Referrer position/organisation?.....

SCHOOL INFORMATION

Setting	School	Name of Teacher	Phone	Enrolled since?
Current School				
Previous schools				

SERVICES INVOLVED IN YOUR CHILD'S CARE

Please provide details of specialists that your child currently visits or has visited and attach any relevant reports.

Specialist	Name	Contact details	Date last seen	Report available?
Paediatrician				
Speech Pathologist				
Tutor				
Other (s) e.g. Psychologist, Occupational therapist				

DEVELOPMENTAL AND MEDICAL HISTORY

Pregnancy and Birth

Birth Weight …….. **Full term** **Yes** **No** **(please circle)**

Were there any problems associated with your pregnancy or child's birth?

……

Were there any problems immediately after delivery? ……

……

General health

Does your child have any allergies? ……

If yes please describe likely reactions?……

Does your child have any ongoing medical conditions/diagnoses? ……

……

Please list any medications your child is currently taking?……

Has your child had any serious illnesses, accidents, hospitalisations? ……

……

Has your child's vision been tested? **Yes** **No** **(please circle)**

When …….. **Where** ……

Results of the assessment ……

Has your child's hearing been tested? **Yes** **No** **(please circle)**

When ..... **Where** .....

Results of the assessment .....

Has your child experienced a history of ear, nose or throat infections? .....

.....

Did/Does your child have grommets? **Yes** **No** **(please circle)**

Developmental milestones and current skills

Motor skills

Please indicate the approximate age at which your child achieved the following

Sitting ..... **Standing** ..... **Walking** .....

Please indicate any concerns with gross motor skills such as running, jumping, riding a bike

.....

Please indicate any concerns with fine motor skills such as drawing, writing letters

.....

SPEECH AND LANGUAGE

Is there any family history of speech, language or learning difficulties? Please describe

.....

.....

At what age did your child achieve the following communication milestones?

Babbling ..... **Single words** ..... **Linked words** .....

Speech

Are there any particular speech errors you are aware of? E.g. Child says th as f, fink for think

.....

.....

Language

Do you have concerns about your child's comprehension?
(Does your child follow instructions accurately and answer your questions appropriately or sometimes misunderstand you or take longer to process verbal information?)

.....

.....

Do you have any concerns about your child's use of language? (Does your child use a variety of words and long grammatically correct sentences or seems to have difficulty finding the right word or makes grammar errors?)

……

……

SOCIAL

Do you have any concerns regarding your child's interactions with their peers or family members? Please describe

……

……

What sort of activities does your child enjoy? Please describe

……

……

EDUCATION

Please indicate your main concern(s) about your child at this time. (please tick boxes)

☐ **Reading** ☐ **Comprehension** ☐ **Writing**

☐ **Spelling** ☐ **Other**

Comment……

……

……

Is your child (or has your child been) involved in any additional programs or support at school or elsewhere? e.g. Reading Recovery?

Comment……

……

……

Has your child's teacher reported any difficulties in the classroom?

Comment……

……

……

Is there anything else you would like to add?

Comment……

……

……

Person completing this form ……. **Date**……

Relationship to Child ……

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