

Speech and Language Therapy Service Pre-assessment information for bilingual children

Basic family details:

Full name: _____ D.O.B: _____ Age now: _____

Name child is called at home: _____

Name child is to be called at school: _____

Does the child live with both parents as a family unit? Yes/ No

If no to above, who are the carers? _____

Names and ages of siblings: _____

Place of birth: _____

Arrival date in UK (if not British born): _____

Names of previous schools/LEAs: _____

Length of time at previous school abroad: _____

Dates of any extended absences from schooling: _____

Language/communication (parent's view):

Are parents concerned about the child's communication skills? Yes/No
More details _____

Child's strongest spoken language/dialect: _____

Languages spoken at home by the child to:

Mother: _____ Father: _____ Siblings: _____

Aunt: _____ Uncle: _____ Grandparents: _____

Languages spoken by family members to the child: _____

Can the child read/write in languages other than English? _____

Community links:

Does the child attend any other school/class in the community? Yes/No
More details e.g. language used/taught there: _____

Communicating with parents:

Please indicate which level parent/s can communicate in English:

No English _____ Basic English _____ Advanced English _____

Is an interpreter needed to communicate with parents? Yes/No
Please specify language/ dialect: _____

Which of the following could parents access in English:

Text via mobile _____ Letter _____ Telephone call _____

Which is the most useful written language for parents: _____