

Speech Pathology Application Form- General Information

Child's Details

Child's Name: _____

Date of Birth: _____ Country of Birth: _____

Age: _____ Male/Female: _____

Carer's Name(s): _____

Address: _____

Phone :(home) _____ (mobile) _____

(Work) _____

Family doctor /paediatrician _____

In which language do you speak to your child most/all of the time? _____

Does the family require an interpreter, if so in what language?

Child Care Centre: _____

Contact Person: _____

Address: _____

_____ Phone: _____

How long has your child attended the centre: _____

Days child attends centre (please tick below):

Monday	Tuesday	Wednesday	Thursday	Friday

Medical history

Please provide any significant information about you child's birth, health, allergies, seizures, hospitalizations: _____

Does your child have a history of hearing difficulties? Yes / No (circle)

Has your child had any ear infections requiring medication and/ or grommets? Yes / No (circle).

Results of latest hearing test _____

Have you seen any other professionals about your child? (Paediatrician, ENT, Audiologist, physiotherapist)

Date	Name of person/agency	Comments/results

Have you previously seen a Speech Pathologist? Yes / No (circle)

If yes what for and where: _____

Developmental Information:

At what age did your child?

Start babbling (e.g. 'bababa, mama') _____

Say their first word _____ Example: _____

Put two words together _____ Example: _____

At what age did your child develop the following?

Crawling _____

Walking _____

Feeding him/herself _____

Toilet training _____

Dressing him/herself _____

Does your child have any difficulty chewing and/or swallowing? Explain _____

Does your child currently use any of the following? (circle)

Bottle Sippy Cup Open Cup Spoon/Fork Straw

How would you describe your child? (Generally are they noisy, quiet, shy, energetic, easily distracted) _____

Speech pathology -Application Form

I am concerned about my child's (please tick and refer to the pages)

<p>Speech - they have difficulty saying sounds and I find it difficult to understand them.</p>		<p>Please answer the questions on page 4</p>
<p>Language - they have difficulty with:</p> <ul style="list-style-type: none"> ○ Understanding and following instructions ○ Using words and sentences ○ learning two languages 		<p>Please answer questions on page 5-6</p>
<p>Voice - e.g. husky, sounds like they have cold</p>		<p>Please answer questions on page 7</p>
<p>Stuttering - Speech contains:</p> <ul style="list-style-type: none"> ○ Repetition of words or sentences, ○ Difficulty getting words out. 		<p>Please answer questions on page 7</p>

Your needs and concerns

Please identify your concerns about your child. What are your top four concerns right now, related to your child's communication and/ or general development, which are affecting your family?

- 1.
- 2.
- 3.
- 4.

Some examples from other parents include:

Why is my child not talking?

Will my child ever talk normally?

My child doesn't seem to listen.

My child has little interest in toys.

I'm not sure whether to speak two languages at home

My child has a very short attention span

My child's behaviour is a problem for me

I am concerned about my child's speech (difficulty with sounds)

Do you understand most of what your child is saying? Yes / No (circle)

Do others understand most of what your child is saying? Yes / No (circle)

Does your child have difficulty saying some sounds or words? Yes / No (circle)

If yes, give examples: _____

Does your child's speech contain any of the following?

Leaving sounds out of words such as "nana" instead of "banana" or "tar" instead of "star" Examples _____

Replacing sounds such as saying "tar" instead of "car" or "boat" instead of "goat" Examples _____

I am concerned about my child's language (understanding and following instructions, difficulty expressing themselves)

Does your child have difficulty understanding instructions or oral language?

Explain _____

Does your child have difficulty with any of the following?

Recognising their own name

Responding to familiar sounds such as a telephone ringing

Understanding simple instructions such as "Give me the book"

Understanding instructions containing more than one part, such as "Go to your bag and bring me your hat"

Understanding instructions containing concepts such as size and location such as "Can you give me the **big** block" or "Put the ball in the box"

Understanding questions such as What, Where, Why, Who, When or How when reading a book? (Circle)

Understanding the names of familiar people or objects such as "Show me the **ball**"

Needs instructions repeated/simplified.

Any other comments: _____

Using language

Does your child have difficulty telling people what they want or need?

Explain _____

If so how does your child get the message across (e.g. point to an object, grab your hand and take you to what they want, or do they cry/throw a tantrum)

Explain _____

Does your child have difficulty with any of the following?

- Making familiar sounds such as car and animal noises
- Putting two words together such as “blue ball” or “car go”
- Saying the names of simple body parts or objects
- Singing songs such as “Twinkle Twinkle Little Star”
- Naming colours such as red, blue or yellow (circle)
- Using words such as “he”, “she”, “it”, “my”
- Asking questions such as What, Where, Why, Who, When or How? (Circle)
- Telling stories or talking about recent events

Social skills

Does your child have difficulty with any of the following social skills?

- Playing with other children/siblings
- Sharing and taking turns with others

Examples _____

Do you have any other concerns not already talked about? _____

I am concerned about my child's stuttering (repetition of words)

Does your child have any of the following fluency/stuttering difficulties?

- Repeats sound, words or phrases
- Gets 'stuck' on words

Examples _____

I am concerned about my child's voice (sounds husky, sounds like they have a cold)

Does your child have difficulty with any of the following voice problems?

- Voice sounds strained, husky, hoarse or quiet
- Voice sounds hyponasal (i.e. sounds like they have a cold)
- Voice sounds hypernasal (i.e. air escaping from the nose while talking)

Examples _____

Speech pathology
Parent Consent and Release of Information

Child's Name: _____

Date of Birth: _____ Age: _____

Name of Child Care Centre: _____

We give permission for BCRG Speech Pathologist to contact _____
(Name of Child Care Centre)
to support and work with our child _____ and family.
(Name of Child)

I, _____ give permission for the BCRG Speech Pathologist to
(tick):

- Contact and exchange information about my child with child care centre staff
- Contact and exchange information about my child with other health professionals
(listed below) involved in my child's care

GP: _____ Phone: _____

Address: _____

Other Professionals:

Name: _____ Profession: _____

Address: _____

_____ Phone: _____

- Video/photograph records my child during early intervention services with the understanding that video/photograph recordings will be used for clinical and educational purposes only. All identifying and personal information will be kept confidential and will not be released. I may choose for the recordings to be erased at any time without reason.

Signature of Carer: _____ Date: _____

Parent consent valid for 12 months

The Department of Ageing, Disability and Home Care (DADHC) requires information regarding clients accessing our services. No specific information identifying your child will be released to DADHC. However please contact us if you do not want any information to be released

All information provided is strictly confidential.