

Parent Discussion

NB: This is to be done as part of the process of gathering information and assessment over time.

Name:	Name of child:		Date:
Question	Yes	No	Comments
Are there, or have there ever been, any health issues? (Include any allergies, eczema, asthma, etc.)			<i>What?</i>
Is there a history of a permanent hearing loss, ear infections or problems such as glue ear? (If yes, please explain what has been done)			<i>Are there still problems with hearing? When was the child last tested?</i>
Does your child have any visual difficulties? (If yes, please explain what has been done)			<i>When was the child last tested?</i>
Does your child sleep and eat well?			
Is there a family history of SLCN?			
Have there been any concerns about speech and/or language development?			<i>Has Speech & Language Therapy been involved?</i>
Have there been any problems associated with coordination and balance?			
Is your child making reasonable progress in numeracy and literacy?			
Does your child have any difficulty with speaking?			

Does your child have any difficulty with listening?			
Does your child have any difficulties with understanding information or following instructions?			
Does your child have any difficulty learning and using words?			
Does your child make friends easily?			
Does your child enjoy attending group activities, his/her setting, school?			
Does your child have good self-esteem?			
What are your child's strengths?			
What does your child enjoy doing?			
What helps your child to learn?			
Any other comments or concerns?			

