



CONSENT FORM
Speech Pathology School Placement
Parent information

Dear Parents,

In 2019 Golden Bay Primary School is working in collaboration with Curtin University's Speech and Language faculty.

Speech and language skills are extremely important in helping children to do well at school and interact with others. The whole-class intervention is based on four major areas considered to be important for early language/literacy development. As a part of this focus, third and fourth year Pre-Service Speech Pathologists undertaking the Bachelor course at Curtin University working in different Kindergarten and Pre-primary classes in the school across the year.

During their clinic day (Tuesdays), the Pre-Service Speech Pathologists will also be providing speech and language assessment/intervention to individual students who have been identified through a referral process, in collaboration with teachers. The Curtin Pre-Service Speech Pathologists will be supported by a supervising Speech Pathologist, Denise Bain. The individual permission form and family information form is attached for you. Please return these to your child's classroom teacher by **Monday 11 February**.

The Pre-Service Speech Pathologists will be assessing the speech and/or language skills of students identified by the teachers. As a result of these assessments, some children will be offered extra assistance with the development of their speech and/or language skills. Your child may be taken out of class for assessment and intervention sessions throughout this period. If your child's speech and language skills are assessed, both you and the school will be provided with a summary of the results and recommendations.

If you have any questions about the speech and language services to be provided by the Curtin Pre-Service Speech Pathologists, please contact **Cherie Raymond, Assistant Principal on 95838800**.

Kind Regards,

PETA LAWRENCE
PRINCIPAL

DENISE BAIN
SUPERVISING SPEECH PATHOLOGIST

6 February 2019

Consent for participation

Please tick the parts that you agree to, and then sign this form.

I have read the information provided and any questions I have asked have been answered to my satisfaction. I understand that I may withdraw my permission at any time.

	I give permission for my child to be withdrawn from class to take part in the speech and language services provided by the Curtin Pre-Service Speech Pathologists. I understand that any assessment the results will be given to me and to the school.
	I give permission for my child's Speech Pathology reports to be forwarded to the Speech Pathologist at my local Child Development Service (CDS)
	I give permission for my child to be photographed. I understand that these photographs will be used for intervention and educational purposes only.
	I give permission for my child to be audio recorded. I understand that these recordings will be used for intervention and educational purposes only.
	I give permission for video footage to taken of my child. I understand that this footage will be used for intervention and educational purposes only.
	I give permission for the Curtin Pre-Service Speech Pathologists to contact me using the details on file at the school.

Child's name: _____ Child's DOB: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

Please complete and return your completed consent form to your child's teacher by Monday 11 February 2019.

Speech Pathology School Placement Family History Information

Child's Name _____ Date of Birth: _____

Gender : M / F _____ Date: _____

1. Person supplying information (please circle) Mother Father Caregiver

2. Have any members of the child's family had difficulty learning to read or spell? Yes No

If yes, which family members were they? (please circle)

Child's mother

Child's father

Child's brother

Child's sister

Other family member (please provide details)

4. How many years of schooling did the child's mother have? _____

post-secondary education? _____

How many years of schooling did the child's father have? _____

post-secondary education? _____

5. Has your child had speech therapy in the past? (please circle) Yes No

If yes, when: _____

Is your child receiving speech therapy now? (please circle) Yes No

If yes, what did the Speech Pathologist target in these sessions?

Do you give permission for the Curtin Pre-Service Speech Pathologists to discuss your child's speech and language skills with this Speech Pathologist? Yes No

(If yes, please provide their details):

Name: _____

Organisation: _____

Contact number & _____

Email address: _____

6. Do family members find your child's speech hard to understand? (please circle)

Yes Sometimes No

7. Do people who don't know your child well find her / his speech hard to understand?

Yes Sometimes No

8. Has your child ever had a hearing assessment? (please circle) Yes No

If yes, please provide date and results : _____

Has your child had ear infections in the past? (please circle) Yes No

If yes, about how many in the last 12 months? _____

9. Which language(s) are spoken at home? _____

10. Is English your child's second language? (please circle) Yes No

If yes, how long has your child been exposed to English?

Was your child's development in their first language similar to their siblings/peers?

11. Do you have concerns regarding your child's speech and language development? Yes No

If yes, please describe these below.

Is there anything else you would like us to know about your child? Please explain below.

Teacher Referral form
Request for Student Speech Pathology Services

Please complete the following information for each child with speech and/or language difficulties in your classroom. This information will facilitate the planning of the Curtin Pre-Service Speech Pathologists service delivery.

Teacher(s) Name: _____ Class: _____ Date: _____

Name of child to be referred: _____ Date of Birth: _____

Please tick which of the following areas are of concern:

Area	Description	Concerns
Oral Comprehension	The understanding of spoken language.	
Semantics	The knowledge of word meanings and associations, and the way in which these are accurately retrieved and used to express our ideas.	
Syntax (grammar)	The way we organise words into sentences. Grammatical rules specify word order, sentence organisation and word relationships.	
Phonological Awareness	The explicit understanding of the sound structure of language, and the ability to manipulate units of sound.	
Oral Text (narrative)	The telling and retelling of a series of events. It encompasses the following styles: stories, reports, procedures, explanations, procedures, recounts and news-telling.	
Pragmatics	The use and functions of language. This includes the verbal and non-verbal aspects of social interaction, and the knowledge and use of conversational rules.	
Speech (articulation or phonology)	The way in which we use the muscles of our mouth (e.g. lips, tongue) and vocal mechanism (e.g. voice box, breath support) to produce sounds.	

- Are this child's parents/carers aware of your concerns? **YES / NO**
- Are this child's parents/carers likely to want to speak to the student Speech Pathologist? **YES / NO**
- Are this child's parents/carers likely to complete home practice and/or programs? **YES / NO**
- Does this child have English as an Additional Language / Dialect (EAL/D)? **YES / NO**
- Does this child have any other reports or screening results available? **YES / NO**
- Please circle this child's level of priority: **LOW MEDIUM HIGH**

Comments/Queries

Return this form Cherie Raymond by Monday 11 February 2019.