

## Department of **Education**

## INFORMATION ON CHILDREN FROM CULTURALLY & LINGUISTICALLY DIVERSE BACKGROUNDS LANGUAGE DEVELOPMENT CENTRE/SCHOOL PLACEMENT

\* If the family identifies as Aboriginal or Torres Strait Islander and speak English or Aboriginal English as their primary language this form does not need to be completed.

CHILD'S NAME:	DATE OF BIRTH:						
If available, please attach a copy of the Child Development Services questionnaire completed by a speech pathologist. An additional CA							
Has an interpreter been used with this family? □No □	<b>]</b> Yes →Please complete the following questions						
Which language? Who ac	Who acted as interpreter?						
Have any assessments been completed in the language/s other	r than English? □No □Yes Please provide details below						
Child's country of origin:	Date of arrival in Australia:						
Mother's country of origin:	Year of arrival in Australia:						
Father's country of origin:	Year of arrival in Australia:						
What languages has your child been exposed to?							
What is the primary language spoken at home?							
How old was your child when they were first exposed to Englis	h?						
Please summarise your child's exposure to English (e.g. childo	care, playgroup, school, home environment)						
How old was your child when they said their first words in: a) y	our home language b) English						
Which language does your child speak best?							

Do you think yo	our child speaks the	ir first language a	s well as oth	ner children ir	your hom	e country?			
☐ Yes	☐ Mostly	□ No							
Are you satisfie	ed with your child's a	ability to speak th	eir first langu	uage? □Ye	s 🗆 No	(If no, please	comment below)		
How well does	the child's Mother s	peak English?	□ No E	inglish	☐ A bit of	English	☐ Fluent in E	English	
How well does the child's Father speak English?			☐ No E	☐ No English ☐ /		English	☐ Fluent in English		
If your child ha	as siblings who ar	e old enough to	talk, please	fill out the f	ollowing i	nformation	<b>1.</b>		
Sibling 1. Age	)								
How well does	Sibling1 speak Eng	ng1 speak English? □No English □A bit of Eng				glish			
How well does Sibling 1 speak the other language/s that are spoken at home?					, D	lot at all	☐A little bit	□Fluent	
Sibling 2. Age	•								
How well does	Sibling 2 speak Eng	glish?	☐No English ☐A bit of Er			glish			
How well does	Sibling 2 speak the	other language/s	that are spo	ken at home?	· 🗆	lot at all	☐A little bit	□Fluent	
Sibling 3. Age	•								
How well does	Sibling 3 speak Eng	glish?	English	☐A bit of	English	□Flue	nt in English		
How well does	Sibling 3 speak the	other language/s	that are spo	ken at home?	· 🗖	lot at all	☐A little bit	□Fluent	

\* Please ask the child's primary caregiver the following questions regarding the child's *first* language.