

SPELD NSW – Parent / Carer Assessment Form – Confidential**PART A - BIOGRAPHICAL INFORMATION**

Today's Date	<input type="text"/>				
Child's Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Age	<input type="text"/>				
Parent(s) Name(s)	<input type="text"/>				
Residential Address	<input type="text"/>				
Post Code	<input type="text"/>				
Postal Address	<input type="text"/>				
Post Code	<input type="text"/>				
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>	(Mob)	<input type="text"/>
Email(s)	<input type="text"/>				
School	<input type="text"/>	Year	<input type="text"/>		
Teacher	<input type="text"/>				
Source of Referral	<input type="text"/>				
Reason for Referral/Main Concerns	<input type="text"/>				

Siblings living in the Household:

Name:

Age:

Living at Home?

Yes No

Yes No

Yes No

Yes No

Parents' current occupation(s)

Is there a court order in place regarding the child?

Yes No

If yes, please provide more information:

Does the child move between households on a regular basis as part of parenting arrangements?

Yes No

If yes, is it appropriate for the parent in the other household to have a copy of the report?

Yes (Provide details for other parent below) No

PRENATAL AND EARLY HISTORY

Pregnancy: No Complications

With Complications

Comments:

Full-term

Pre-term

Comments:

Temperament as a baby: *(please tick all relevant)*

- | | |
|---|--|
| <input type="checkbox"/> fussed and cried a lot | <input type="checkbox"/> high activity level |
| <input type="checkbox"/> difficult to settle | <input type="checkbox"/> headstrong and persistent |
| <input type="checkbox"/> sleeping problems | <input type="checkbox"/> responsive to attention |
| <input type="checkbox"/> feeding problems | <input type="checkbox"/> placid and happy |

Developmental Milestones: *(Please give approximate age):*

Sitting Crawling Walking

First words Talking in sentences

MEDICAL HISTORY AND HEALTH STATUS

Any Major Childhood Illnesses or Accidents? If yes, give details:

Is your child under a paediatrician or other specialist? Yes No If yes:

Name Date Last Seen

Reason (e.g. ADHD, epilepsy, speech & language, motor skills etc)

Does your child take any medication? If so, what is the medication for?

If this concern and/or medication affect(s) your child's learning or behaviour, please explain:

Does your child wear glasses? Yes No

Date vision last tested

By Results

Has your child had ear infections? Yes No

If yes: When and how often?

Has your child had grommets inserted? Yes No

If yes: When?

Date hearing last tested:

By

Results

Any fine-motor co-ordination concerns Yes No

Any gross-motor co-ordination concerns Yes No

Child's handedness: Right Left Not established

Child's age when handedness was established:

PREVIOUS ASSESSMENTS & THERAPY/SUPPORT

Please forward copies of any reports to SPELD NSW.

Has your child been assessed by any of the following? If yes, provide date:

WHO?	YES – When and Name of Professional?	NO
Psychologist		
Occupational Therapist (OT)		
Speech Therapist		
Paediatrician		
Other professional – name/type?		

Please comment on main reason for previous assessment/s:

Has your child received therapy/treatment from any of the following?

If yes, provide date:

WHO?	YES – When and name of professional?	NO
Psychologist		
Occupational Therapist (OT)		
Speech Therapist		
Paediatrician		
Other professional – name/type?		
Please comment on main reason for previous therapy/treatment:		

SPEECH AND LANGUAGE DEVELOPMENT

Please tick any that apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> difficulty following instructions | <input type="checkbox"/> trouble retelling events/stories |
| <input type="checkbox"/> words in sentences are jumbled | <input type="checkbox"/> uses incorrect grammar |
| <input type="checkbox"/> unclear speech (articulation) | <input type="checkbox"/> repeats sounds/words (stutters) |
| <input type="checkbox"/> gets frustrated when trying to express needs/wants | |
| <input type="checkbox"/> trouble finding the right words (e.g. often uses 'thing', 'stuff') | |
| <input type="checkbox"/> difficulty understanding homework/schoolwork | |

Please circle or highlight any that apply:

Voice too loud / soft / high-pitched / low-pitched?

Hoarse / nasal / breathy voice?

Speaks too quickly / slowly?

Is a language other than English spoken at home? Yes No

Language(s): _____

Does your child speak and/or understand the language?

EDUCATIONAL HISTORY

Did your child repeat a school year? Yes No

If yes, which grade?

Has your child had any lengthy school absences? Yes No

If yes, please provide more details:

Please provide information about school attendance in the table below:

Grade	Year/s attended	Name of school
Pre-school		
Kindergarten		
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
Year 6		
Year 7		
Year 8		
Year 9		
Year 10		
Year 11		
Year 12		

How well does your child adjust to school situations?

Poorly *Fairly Well* *Well* *Excellently*

Does your child's school have particular concerns about your child's progress?

Were/are there any events relating to school that you think have a bearing on your child's present difficulties?

REMEDIAL SUPPORT & INTERVENTION

There are many reasons why people seek an assessment at SPELD NSW. One of the reasons is to determine whether a Specific Learning Disorder exists, such as Dyslexia, Dysgraphia, or Dyscalculia. In this case, a number of factors need to be considered, including how the individual has responded to academic interventions. This makes it very important to complete this section with as much detail as possible.

Please complete the table to tell us about the areas in which your child has received/is receiving academic support or targeted intervention **(in addition to classroom instruction)**

Type of support or intervention	When? (e.g. Year 5)	For how long? (e.g. Term 1 to Term 3)	With whom? (e.g. Class Teacher, Learning Support Teacher, Teacher's Aide, Tutor)	Focus area/s and name of program/s used (if appropriate) (e.g. reading, spelling, sentence or paragraph construction, grammar, punctuation, maths concepts, calculations) / (e.g. Sounds-Write, MacqLit, JEMM)
Small group work at school				
One-to-one support at school				
Private tutoring				
Parent support at home (e.g. daily reading, homework help, use of a phonics program)				

ACADEMIC DIFFICULTIES

Please **DESCRIBE** the difficulties your child is having in the following areas:

Area of difficulty	Describe the difficulties
Reading	
Spelling	
Handwriting	

Written Expression or ability to express ideas in writing	
Maths	
Copying	
Attention/Concentration	
Memory (short-term/long-term)	
Organisational Skills	

Is there a family history of difficulties in any of these areas? Yes No
 If yes, please provide details:

SOCIO-EMOTIONAL DEVELOPMENT

Please comment on the following areas of development:

Area	Comments
Parent-child relationship	
Child's relationship with sibling/s	
Child's relationship with peers at school	
Child's relationship with teacher(s)	
Behavioural difficulties	
Is your child difficult to discipline? Yes/No	
Does your child have difficulty concentrating? Yes/No	

Please comment on the following areas:

Area	Comments
Leisure activities	
Personal strengths	

Self-esteem: Please circle or highlight Low/Average/High and provide comments	
Motivation at school: Please circle or highlight Low/Average/High and provide comments	

Is there anything else that you think would be helpful to know about your child or family?

Signature of person completing form:

Name of person completing form:

Relationship to child:

PART B - Consent to Share Information – Your Child's School

In order that more detailed information about the academic support / intervention your child has received at school can be provided, SPELD NSW has provided you with a Remedial Assistance Form to be provided to your child's teacher to complete. Please ask your child's teacher to complete this form and return it to SPELD NSW.

Please confirm that you consent for SPELD NSW to collect the Remedial Assistance Form in relation to

(your child's name)

from

(name of school)

Yes No

Sometimes more information is needed about intervention that has been provided at school, in this case, it can be helpful for the psychologist or clinician assessing your child to contact the school for further information. Please confirm that you consent for SPELD NSW to contact your child's school if we need any further information.

Yes No

Signature of person completing form:

Name of person completing form:

Relationship to child:

Part C - Consent to Share Information – Your Child's Tutor - Optional

Please only complete this page if your child is or has received support from a private tutor.

If your child has or is receiving tutoring from a private tutor it is important to receive information about the academic support / intervention your child is receiving from this tutor.

In order that more detailed information about the academic support / intervention your child has received from a private tutor can be provided, SPELD NSW has provided you with a Remedial Assistance Form to be provided to your child's tutor to complete. If your child has a private tutor, please ask them to complete this form and return it to SPELD NSW.

Please confirm that you consent for SPELD NSW to collect the Remedial Assistance Form in relation to

(your child's name)

from

(name of private tutor)

Yes No

Sometimes more information is needed about intervention that has been provided at school, in this case, it can be helpful for the psychologist or clinician assessing your child to contact the private tutor for further information. Please confirm that you consent for SPELD NSW to contact your child's tutor if we need any further information.

Yes No

Name and contact details for your child's private tutor:

Signature of person completing form:

Name of person completing form:

Relationship to child:

PART D - PRIVACY COLLECTION STATEMENT

By providing us with the requested information, you (or your authorised representative) agree that SPELD NSW Inc. ABN 508 090 871 (we, our, us) may collect, use and disclose your personal information (including sensitive information or health information) for: (a) providing our services and conducting business activities, including psychological assessments relating to the assessment and management of dyslexia or other learning difficulties; (b) communicating with you, your authorised representative, or related parties (including doctors, tutors, and teachers) in relation to our services; (c) providing a referral database for professionals and tutors; and (d) other purposes as specified in our privacy policy.

Your information may also be used for secondary purposes, where that purpose is related (or for sensitive information, directly related) to the primary purpose, or where permitted by the Privacy Act 1988 (Cth) or the Health Records and Information Privacy Act 2002 (NSW) (Privacy Laws).

Personal information we may collect includes your name, gender, date of birth, contact details, qualifications, education history, health history and results of health assessments. From time to time we may also collect information from treating doctors, teachers and tutors. If we do not collect sufficient information, we may be unable to provide you with the services requested by you.

Your personal information (including sensitive and health information) may be shared with subcontractors and third parties, including psychologists or healthcare professionals and employees, contractors or consultants of SPELD NSW Inc or a related organisation (being any related body corporate of SPELD NSW Inc or a member of AUSPELD (the Australian Federation of SPELD Associations)), who assist us to provide our services or activities to you. By providing us with the above information you (or your authorised representative) acknowledge and consent to the transfer of your information to third parties, including to third parties in a jurisdiction other than New South Wales or to a Commonwealth entity.

We are committed to ensure all personal, sensitive and health information is held in a confidential and is protected in accordance with Privacy Laws and the requirements of our privacy policy.

Our privacy policy also contains information about how you may contact us to make a complaint about our handling of your personal information, or to access or correct the personal information we hold for you. Our privacy policy is available on request, or on our website at speldnsw.org.au.

YOUR ACKNOWLEDGEMENT AND CONSENT

By signing this form, you confirm that you have read and understood the above information. Please also confirm (by marking the relevant boxes below) that you consent to the following matters:

I consent to the collection, use and disclosure of my (or my child/ward's) personal information (including health and sensitive information) on the terms outlined above and in our privacy policy; and

I consent to the transfer of my (or my child/ward's) health information to persons or bodies in a State or Territory outside of New South Wales or to a Commonwealth agency, where necessary for the purposes outlined above and in our privacy policy.

Signature of person completing form:

Name of person completing form:

Relationship to child:

Part E - Consent to Online Assessment Conditions - Optional

Please only complete this page if you would like to book an online assessment with SPELD NSW.

SPELD NSW offers assessments in an online format. Before an online assessment can proceed, you must read and agree to the following terms and conditions.

- The online assessment will not be recorded by anyone in your household. Photographs (including screen capturing), video recordings, audio recordings, and note-taking are not permitted. Please be aware that, depending on the assessment type, one or two tests may need to be recorded by the assessor. This is only for the purpose of accurately transcribing spoken responses and the recording will be destroyed within one month. Note-taking and screen capturing of the student's work by the assessor may also occur. Only SPELD NSW staff will have access to the recordings and these will be destroyed after one month.
- Some testing materials and headset (if applicable) will be posted to you ahead of the assessment date. The envelope must not be opened until the day of the assessment and even then, only under the instruction and in view of the examiner. The assessor will need to see that the envelope is still sealed before they ask you to open it. This is to allow the assessor to report that the assessment was conducted following a standardised process.
- In most cases, an adult will not need to remain in the room with the student during testing (although this is somewhat dependent on the child's age and individual circumstances). It is, however, vital that an adult remains nearby throughout the assessment (with their mobile switched on) so that they can be contacted by the assessor if they are needed (e.g. if there are issues with technology).
- All proformas provided in the envelope, any work that the child completes during the assessment, and headset (if applicable) must be returned to SPELD NSW. SPELD NSW will provide a pre-paid envelope in which the documents should be placed, and then the envelope will need to be sealed in full view of the assessor. This envelope should be posted to SPELD NSW on the same day that the assessment is completed. It is vital that these documents are not edited, shared, or copied in any way, and that all documents are returned regardless of whether the student has completed them or not.

I agree to abide by the above conditions for the online assessment of my child/ward.

Signature of person completing form:

Name of person completing form:

Relationship to child:

THANK YOU FOR PROVIDING THIS INFORMATION.
It is important to allow us to understand how best to help your child.

Paperwork Checklist

Have you:

- Completed and Signed Part A – Biographical Information
- Completed and Signed Part B – Consent to Share Information – Your Child's School
- (If your child had or has a private tutor) Completed and Signed Part C – Consent to Share Information – Your Child's Tutor
- Completed and Signed Part D – Privacy Collection Statement
- (If you want to book an online assessment) Completed and Signed Part E - Consent to Online Assessment Conditions
- Attached your child's most recent school report
- Attached copies of any other professional reports in relation to your child (including reports from psychologists, speech therapists, paediatricians or occupational therapists)
- Attached a copy of your child's unedited written work (with the amount of time taken to write)
- Provided a copy of the Remedial Assistance Form to your child's school
- (If your child has or had a private tutor) Provided a copy of the Remedial Assistance form for Tutors to your child's tutor

Please return PDFs of this Form, the most recent school report, any other professional reports and the unedited writing sample to SPELD NSW by email to assessments@speldnsw.org.au.

Please note that we are unable to accept photographs of forms and paperwork. If you are not able to send a PDF of the completed paperwork, please post a copy to:

SPELD NSW Clinic
 Level 1, Suite 2
 52 O'Connell Street
 Parramatta NSW 2150