

# Child's profile

Child's name:

Today's date:

Date of birth:

Home language:

Latest hearing test (date):

Result:

Latest vision test (date):

Result:

Brief description of concern:

Any history of speech and language therapy involvement?

Levels attained in:

reading \_\_\_\_\_ writing \_\_\_\_\_ maths \_\_\_\_\_

(Mark the following using the scale 6 = very good; 1 = very poor.)

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Can the child:

- Concentrate for an age-appropriate length of time at a self-chosen activity?

6            5            4            3            2            1

- Concentrate for an age-appropriate length of time at a teacher-chosen activity?

6            5            4            3            2            1

- Sustain listening to a story with pictures?

6            5            4            3            2            1

- Sustain listening to a story without pictures?

6            5            4            3            2            1

- Remember and follow an instruction with up to three parts?

6            5            4            3            2            1

- Answer simple direct evidence questions about a text they have read?

6            5            4            3            2            1

- Answer simple inferential questions about a text they have read?

6            5            4            3            2            1

On the reverse of this sheet, ask the child to write their full name.