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**Deaf-friendly teaching: For children who use English as an additional language (EAL)**

### **Case history form template**

This form should be completed by the school, Teacher of the Deaf, family and any other professional working with the child.

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| **Name** |  |
| **Year level** |  |
| **Sibling at school** |  |
| **Country of origin** |  |
| **Home language(s)** |  |
| **Previous education placement** |  |
| **Year of education in English** |  |
| **English language proficiency in:*** **speaking**
* **reading**
* **writing**
* **listening**
 |  |
| **Hearing loss** |  |
| **Technology used** |  |
| **Assessment summary** |
| **Audiology and use of personal technology** (include any current testing, audiograms or relevant clinical results)AudiogramFunctional listening testPupil feedback form |  |
| **Receptive language** (include the assessment used) |  |
| **Expressive language** (include the assessment used) |  |
| **Reading** (include the assessment used) |  |
| **Writing** (include the assessment used) |  |

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| **Support strategies**(include key strategies to support language and learning used across the school programme) |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

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| **Additional observations** |
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| **Key staff** |
| SENCO/EAL coordinator |  |
| Support assistant |  |
| Interpreter or interpreter service |  |
| External agencies (clinical, education, community and so on) |  |

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| --- | --- | --- | --- |
| **Date of profile** |  | **Date of review** |  |
| **Profile completed by** |  |