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

### **Child information form template**

## Medical/clinical history

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| **Information about deafness** |
| Level and description of deafness | Cause(s) of deafness (if known) |
| Date and location of last hearing assessment | Audiogram attached | Yes | No |
| Date and location of diagnosis | Date and location of technology fitting (if applicable) |
| **Technology used (type and model)** |
| What technology has been used in the past?What technology is being used now?How is it being used?Is it appropriate for the child and their family? |  |

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| **Audiological care information** |
| Who is involved in the child’s audiological care? For example:* Audiologist
* Ear, nose and throat(ENT) specialist
* Cochlear implant centre
* Speech and language therapist (SLT)
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| **Health checks** |
| Does the family have a GP?Is the family being seen by a health visitor?Has the child’s vision been checked? When?Has the child been offered genetic testing in relation to their deafness?Has the child ever been seen by a paediatrician? |  |
| **Additional needs** |
| What other additional needs does the child have?Whose care are they under?Do they take medication? |  |

## Education details

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| **Previous education (both in the UK and abroad)** |
| Previous school/setting | Child’s age when they moved from previous school/setting |
| **Level or stage of education** |
| Assessment or exam information | Record of learning or work completed |
| **Level of spoken language** |
| Child’s home language:  |
| Information from family | Information from assessment | Used where and when |
| English (or Welsh)  |
| Information from family | Information from assessment | Used where and when |
| Other spoken languages used (if any):  |
| Information from family | Information from assessment | Used where and when |

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| **Level of sign language** |
| British Sign Language (BSL) or Irish Sign Language (ISL)  |
| Information from family | Information from assessment | Used where and when |
| Other sign languages used (if any):  |
| Information from family | Information from assessment | Used where and when |
| **Level of reading and writing** |
| Child’s home language:  |
| Information from family | Information from assessment | Used where and when |
| English (or Welsh)  |
| Information from family | Information from assessment | Used where and when |
| Other languages used (if any):  |
| Information from family | Information from assessment | Used where and when |

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| **Other education or language learning opportunities** |
| For example:* Community classes
* Deaf group
* Faith groups
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| **Previous support received in school or setting** |
| Speech therapy | Occupational therapy | Physical therapy | Vision support |
| Evaluations/assessments |
| Reports available |
| Other information |

## Other considerations

Note: These are not intended as direct questions to ask the family, but the information can be gathered when meeting with them.

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| **Family’s language use** |
| Parent’s confidence using spoken English (or Welsh) |  |
| Parent’s confidence to read and write in English (or Welsh) |  |
| Parent’s confidence to read and write in their home language |  |
| Siblings’ confidence using spoken English (or Welsh) |  |
| Other languages used by the family |  |
| Interpreter/translation support |  |
| **Family’s support network** |
| Who is their support network?Are they within the local community? |  |

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| **Parent and child’s understanding of their local education system** |
| AdmissionsAssessment and examsAttendanceHomeworkHow to access extra resources and support for their child including needs assessments and free school meals |  |
| Parent and child’s understanding and access to support services including hospital, clinical and education |
| Are the parents refugees or asylum seekers or included in a resettlement programme? |
| Attitudes and cultural beliefs about deafness |