



Application for a Language Evaluation: Date..... Time.....

Personal information

Last name: First Name:

Date of birth AHV-Number.....

Address: Postcode, City.....

Phone number: Mobile phone number.....

E-mail address:

Mother's name: Occupation born year.....

Father's name: Occupation..... born year.....

AHV-Number of a parent:

Names of your children: born year.....
..... born year.....
..... born year.....
..... born year.....

The child lives with: the parents the mother the father other.....

Family language(s):

Referred by:

Why do you want an evaluation of the language development of your child?
.....

Name and address of your pediatrician:
.....

Charges

The costs of this evaluation are covered by the "Amt für Gesundheit, Soziales und Integration" des Kantons Bern (GSI).

In the event you decide not to come to the appointment without informing us beforehand, 100 CHF will be charged.

Date: Signature:

Questions for the parents

Emotional development

(Please make a cross at the appropriate number)

Are you concerned about the development of your child?

1	2	3	4	5	6	7	8	9	10
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Not concerned Very concerned

What is your impression of your pregnancy?

1	2	3	4	5	6	7	8	9	10
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Easy Difficult

Your experience of the birth?

1	2	3	4	5	6	7	8	9	10
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Easy Difficult

Your health / emotions after the birth?

1	2	3	4	5	6	7	8	9	10
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No problem Difficult

How was the child after the birth?

1	2	3	4	5	6	7	8	9	10
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No problem Difficult

Your experience with breastfeeding?

1	2	3	4	5	6	7	8	9	10
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No problem Difficult

How was the child's eating and feeding?

1	2	3	4	5	6	7	8	9	10
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No problem Difficult

How well does child get to sleep?

1	2	3	4	5	6	7	8	9	10
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No problem Not easily

How often has your child been sick?

1	2	3	4	5	6	7	8	9	10
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Seldom Very often

Can your child be away from the parents?

1	2	3	4	5	6	7	8	9	10
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No problem Not possible

Can your child play independently?

1	2	3	4	5	6	7	8	9	10
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No problem Not at all

Has your child had periods of defiance?

1	2	3	4	5	6	7	8	9	10
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Often Never

Motor development

When could your child:

Sit ?..... Crawl ?..... How ? : Walk without help?.....

Can your child ride a balance bike / bicycle?

Speech development

Did your baby babble („da-da-da“ , „ai-ai-ai“)? Yes No

First words: months
First sentences: months

Actual situation:

Child speaks: single words sentences fluidly stuttering

Examples:
.....

Child speaks understandably for: everybody relatives nobody

How does your child react when he/she is misunderstood / not understood?
.....

Does your child ask questions? what where who how why

Does your child understand what you are saying?

1	2	3	4	5	6	7	8	9	10
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Understands everything Understands nothing

Is your child interested in illustrated books?

1	2	3	4	5	6	7	8	9	10
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Very much Hardly at all

Different languages:

The child's mother tongue / first language(s)?.....

How well does the child speak in his/her first language?.....

How often does your child have contact with German?

Translator: for the interview, would a translator be required?

Language of the Translator:.....

- Your child attends:**
- o Play-group: Name of the Group.....
 - o Early intervention (Früherziehung), Name.....
 - o Ergotherapy
 - o Physiotherapy
 - o Daycare: Name of the Kita.....
since:....., Days a week:.....
 - o other:.....