



Livermore Valley Joint Unified School District Special Education

685 East Jack London Boulevard, Livermore, CA 94551

Tel (925) 606-3225 Fax (925) 606-3443

Dear Parents,

Thank you for contacting the Livermore Valley Joint Unified School District in regards to an assessment for your child.

Included please find the following documents, which you will need to submit to the Special Education Department:

- List of Documents Required for Enrollment
- Assessment Request for Preschool Speech/Language Screening, fill out if applicable.
- Student Health History
- Proof of Immunizations

Once we received all of the required documents, the referral will then be sent to the appropriate assessor(s).

Please feel free to contact the Special Education Department if you have any question,

Thank you,

Frank Selvaggio
Director of Special Education

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LVJUSD ASSESSMENT REQUEST FOR PRESCHOOL SPEECH & LANGUAGE SCREENING

Date: _____

Student Name: _____ DOB: _____ Age: _____ Gender: _____

Parent/Guardian: _____ Address: _____

Telephone: _____ Preschool: _____ Primary Language: _____

Person Making Referral: _____ Physician Name: _____

Basic Area of Concern: _____

When was the problem first noted? _____ By Whom? _____

Has the problem changed since it was first noted? _____ If yes, how: _____

Is the Child aware of the problem? _____ If yes, how do they feel about it? _____

At what age did your child start to talk: _____ Do you, as parents, understand your child? _____

Do people who are not familiar with your child understand him/her when speaking? _____

On how

Describe your child's speech and language problems: _____

Determine if your child has:

Don't know No Sometimes Always

Trouble making sounds.

Difficulty being understood.

Difficulty understanding what is said.

Difficulty following directions.

Difficulty putting words together to express him/herself.

Difficulty answering questions appropriately.

Motor Skills:

Yes

No

Does your child walk?

Does your child play with toys?

Attention Span:

Yes

No

Does your child listen to a story?

Does your child imitate your actions if you show them how to do something?

Are there any medical concerns? _____

Has your child had multiple ear infections? _____ If yes, how frequently? _____

Is your child toilet trained? _____

Are there any other agencies or clinics involved? _____ If yes, name them: _____

Are there any previous reports that would be useful for screening your child? _____

How many siblings? _____ Have any siblings had communication problems? _____

Have any siblings received special education? _____ If yes, who, where, when? _____

If the child's primary language is other than English:

What language does your child speak? _____ What language do the parents speak? _____

Where was your child born? _____ If not born in the U.S., how long has your child been in this country? _____

Do you suspect a problem in their primary language as well as English? _____

Do you have any other concerns?

