



North East Metropolitan
Language Development Centre

TEACHER CONSULTATION REQUEST FORM 2018

Please return to deb.cavanagh@education.wa.edu.au

CONTACT INFORMATION

School name:	
Contact person and position (including year level):	
Phone number:	
Email address:	
Work days:	
DOTT Day / Times:	

WHICH LANGUAGE / LITERACY AREA WOULD YOU LIKE TO ADDRESS?

Please select (tick) the area/s that you would like to address during your teacher consultation:

Area	Current Theory	Assessment	Teaching Strategies	Resources
Vocabulary and Semantics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral to Written Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonological Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decoding – Early Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encoding – Early Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills / Pragmatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT DO YOU HOPE TO ACHIEVE DURING THE VISIT?

Briefly outline what you would like to achieve during the session.

HOW WILL THE CONSULTATION LOOK?

Please select a consultation option.

Consultation Option	Tick
1. Meeting	<input type="checkbox"/>
a. At the NEMLDC	<input type="checkbox"/>
b. At the nominated school	<input type="checkbox"/>
2. NEMLDC classroom observation and discussion	<input type="checkbox"/>
3. Teacher observation and feedback/discussion	<input type="checkbox"/>
4. Support with assessment – planning for assessment, data analysis and target setting	<input type="checkbox"/>
5. Other	<input type="checkbox"/>

ADDITIONAL INFORMATION

Please note that we cannot work directly with individual children. We can however, provide general strategies for working with children with speech and language difficulties that may be suitable for specific children in your class.

Upon receiving your request, a member of the NEMLDC Outreach Service will contact you to further discuss your needs, and determine the most suitable way to support you. Please note that due to the limited funding and capacity of the service for individual consultations, we cannot guarantee that all of your requests will be met.