



Background information for literacy learning

Checklist to be completed by parents/guardians at the start of schooling

Ásthildur Bjarney Snorradóttir and Bjarney Sigurðardóttir

Student: _____

National ID No (*kennitala*): _____ School: _____

Parent/guardian completing the checklist: _____

Student's class teacher: _____ Year group: _____ Date: _____

Diagnoses received by the child: _____

The following statements relate to children's language development. Please indicate whether they apply to your child:	Yes	No	I don't know
Was a late speaker			
Does not understand complex instructions/long sentences			
Articulates unclearly in continuous speech			
Finds it difficult to learn song lyrics and rhymes			
Frequently uses erroneous grammatical forms in verbal expression			
Produces very incoherent narratives			
Recognises less than five letters of the alphabet			
Shows little interest in books			
Struggles with the pronunciation of words containing consonant clusters (as when pronouncing the Icelandic word <i>fiðrildi</i> as 'firðildi')			
The following questions relate to the child's background. Please check the correct answer:	Yes	No	I don't know
Is the child bilingual or multilingual (able to speak more than one language)?			
Does the child have a parent or sibling who has experienced reading difficulties?			
Has the child been diagnosed with a language impairment?			
Did the child receive poor or very poor results in HLJÓM-2 (assessing preschool children's phonological and language awareness) when administered that test last autumn?			
Does the child have a history of recurrent otitis?			
Has the child been diagnosed with a hearing impairment?			
Has the child been diagnosed with a visual impairment?			

Additional information that you wish to provide: _____

