Regroupement TDL Québec
Trouble développemental du langage

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My Child and His/Her DLD

A form to be completed by the parent and given to the teacher

Child's full name: _____

Age: _____

Grade level: _____

1. My child's strengths

Ex: good visual memory, creative, likes to help others

2. What interests / motivates him/her

Ex: dinosaurs, sports, building toys

3. Main challenges related to DLD

Ex: understanding multi-step instructions, finding words, following a group conversation

4. What helps him/her understand

Ex: short instructions, one at a time, pictograms, visual demonstration

Developmental Language Disorder (DLD), formerly known as dysphasia, affects more than 7% of the population, which represents more than 85,000 students in Quebec. Learn more at: regroupementtdl.ca

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5. What can be difficult for him/her

Ex: background noise, long verbal instructions, unexpected changes in routine

6. How he/she shows that he/she has understood

Ex: repeats it in his/her own words, asks questions, completes the task correctly

7. What we have already tried and that works

Ex: visual routine, extra time, repeating instructions

8. One important thing I'd like you to know about my child

Ex: he/she understands more than he/she can express, he/she needs more time to respond

Teacher's notes: