 

**Pupil Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is not a diagnostic checklist – it is a screening device. It aims to draw attention to the particular areas of need. Children and young people may have difficulties in many of the following areas.

|  |  |  |  |
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| **Speech and articulation** | | | |
|  | **Yes** | **No** | **Please Comment** |
| Is his/her speech unintelligible (particularly when there are no contextual clues or when speaking to someone who doesn’t know the pupil well)? |  |  |  |
| Are there difficulties affecting the acquisition of phonics? |  |  |  |
| Are there difficulties affecting the ability to read/spell? |  |  |  |
| **Attention and listening** | | | |
|  | **Yes** | **No** | **Please comment** |
| Does he/she have difficulty screening out irrelevant sounds/distractions and concentrating on verbal information? (for example when the teacher is talking) |  |  |  |
| Does he/she ‘switch off’ and daydream? (for example observe whether he/she switches eye gaze from one speaker to another) |  |  |  |
| Does he/she fidget and find it difficult to sit still? |  |  |  |
| Please add any further comments or examples | | | |
| **Language Needs** | | | |
| **Receptive Language** | **Yes** | **No** | **Please Comment** |
| Does he/she take a long time to respond? |  |  |  |
| Does he/she copy other student’s responses to instructions? |  |  |  |
| Does he/she carry out only part of an instruction? |  |  |  |
| Does he/she look puzzled or blank when asked a question? |  |  |  |
| Is it necessary to re-phrase/repeat/ simplify what has been said? |  |  |  |
| Does he/she need explicit questions requiring one-word answers rather than open-ended questions? (for example How do …..? Why …?) |  |  |  |
| Are unexpected/unrelated responses given to questions? |  |  |  |
| Does he/she interpret speech literally? (for example will the  red table line up? Pull your socks up?) |  |  |  |
| Please add any further comments or examples: | | | |
| **Expressive Language** | **Yes** | **No** | **Please Comment** |
| Does he/she initiate non-verbal/verbal contact with others to only meet their own needs? |  |  |  |
| Does he/she use learnt phrases e.g for greetings etc? |  |  |  |
| Does he/she use echolalia (repeating parts of/whole words)? |  |  |  |
| Does he/she not know what to say or how to react when in difficulties? |  |  |  |
| Does he/she ‘search’ for words or call things by the wrong name or use ‘empty’ language? (for example ‘thingy’, ‘you know’?) |  |  |  |
| Does he/she make false starts, pause and struggle to express ideas? |  |  |  |
| Does he/she talk in a rambling, convoluted way, with no substance? |  |  |  |
| Does he/she use more gestures than his peers when explaining something? |  |  |  |
| Does he/she muddle a sequence of events/story? |  |  |  |
| Does he/she have difficulty using language to describe or explain? |  |  |  |
| Does he/she make mistakes with tenses, plurals, prepositions or pronouns? (for example ‘I goed home’ ‘I saw the two bus’ ‘I climbed in the fence’) |  |  |  |
| Are smaller function words omitted like as, is, to, for, the, etc? (For example I go shop). |  |  |  |
| Does he/she rely on short phrases/sentences (such as little/no use of connectivity such as ‘and’, ‘because’, ‘but’, ‘if’) |  |  |  |
| **Phonology** | | | |
|  | **Yes** | **No** | **Please Comment** |
| Does he/she have difficulty recognising and generating rhyme?  (indicate) |  |  |  |
| Does he/she have difficulty detecting alliteration and end sounds?  (indicate which) |  |  |  |
| Does he/she have difficulty blending sounds to make a word? |  |  |  |
| Does he/she jumble the sequence of sounds in a word, (for example aerlopane, flutterby, hostipal)  Speaking?   Writing? |  |  |  |
| Please add any further comments or examples: | | | |
| **Literacy Skills** | | | |
|  | **Yes** | **No** | **Please Comment** |
| Does he/she take a long time to copy from the board? |  |  |  |
| Does he/she seem to muddle up the sequence of a sentence or piece of writing? |  |  |  |
| Can he/she manage a reading task but not the comprehension? |  |  |  |
| Does he/she have difficulty beginning a writing task? (Knowing what to say, how to begin) |  |  |  |
| Is this child working at age related expectations? |  |  |  |
| Please add any further comments or examples: | | | |
| **Social Interaction Needs** | | | |
|  | **Yes** | **No** | **Please Comment** |
| Does he/she have difficulties interpreting tone of voice? |  |  |  |
| Does he/she only interpret through tone of voice and not the instruction or content? |  |  |  |
| Is he/she unclear of personal space e.g may physically intrude on others? |  |  |  |
| Does he/she know of the usual code of conduct, rules or expectations appropriate for their age or setting? |  |  |  |
| Does he/she have difficulties showing emotion through facial expression? |  |  |  |
| Does he/she have difficulties reading the facial expressions of others? |  |  |  |
| Does he/she have difficulties recognising or regulating their own feelings? |  |  |  |
| Does he/she have difficulties empathising with others possibly misunderstanding or misperceiving what others are thinking/doing? |  |  |  |
| Does he/she have difficulty in making and maintaining friendships with peers? |  |  |  |
| Does he/she appear socially naïve? |  |  |  |
| How does he/she present during unstructured times? |  |  |  |
| Does he/she relate better to adults than peers? |  |  |  |
| Does he/she speak differently compared to their peers? (for example too loudly, too softly, with an unusual voice or intonation, overly formal or pedantic) |  |  |  |
| Does he/she exhibit limited or unusual eye contact? |  |  |  |
| Does he/she laugh at the wrong times, appear cheeky or rude? |  |  |  |
| Do changes in routine or transitions cause anxiety or confusion? |  |  |  |
| Does he/she want to make friends, but attempts often fail? (Peers may find him/her annoying or irritating). |  |  |  |
| Does he/she interrupt or find it difficult to take turns during a conversation or play a game? |  |  |  |
| Does he/she often talk about the same topic, whatever the context or relevance? |  |  |  |
| Is collaborative working difficult? |  |  |  |
| Does he/she assume listener awareness? (for example launches into discussion without identifying the main idea) |  |  |  |
| Does he/she have difficulty playing cooperatively? |  |  |  |
| Does he/she ‘miss the point’ when given subtle hints? (for example ‘Would you like to read now?’ ‘You’re very noisy today’) |  |  |  |
| Does he/she engage in functional/symbolic play? |  |  |  |
| Please add any further comments or examples: | | | |
| **Inflexible Thinking** | | | |
|  | **Yes** | **No** | **Please comment** |
| Does he/she have difficulties finishing a task? |  |  |  |
| Does he/she have rituals/compulsions? |  |  |  |
| Does he/she have difficulties differentiating fact and fiction? |  |  |  |
| Does he/she have phobias (longstanding fears or new fears)? |  |  |  |
| Does he/she have special interests which require careful management? |  |  |  |
| **Additional needs – Please comment on any sensory sensitivities** | | | |
|  | **Yes** | **No** | **Please comment** |
| Does he/she have difficulties judging time? |  |  |  |
| Does he/she demonstrate any unusual sensory preferences? e.g. texture, taste. |  |  |  |
| Does he/she have organisational difficulties? |  |  |  |
| Does he/she display any signs of stress or anxiety? |  |  |  |
| Does he/she have any mistaken beliefs or unusual perceptions? |  |  |  |
| **Additional Comments:** | | | |
| **STRATEGIES IMPLEMENTED** | | | |
| Please outline the strategies you have already put in place and the **outcomes:** | | | |
| **Strengths and areas of interest** | | | |
| Describe the CYP’s strengths, for example art, drawing, painting, PE skills, musical skills etc: | | | |
| **Parent/Carer Views** | | | |
| Please make any comments about your concerns regarding your child’s language and communication skills. | | | |
| Please list any other professionals currently involved. | | | |

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| --- | --- |
| Completed by | Designation |
| **Date** |  |