**Student Communication Checklist**

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| **Child’s Name** |  | **DOB** | **/ /** | **Person Completing form:** |  | **Relationship to Child** |  |
| **Does the child have difficulties in the following areas of SLCN?** |
| **ATTENTION AND LISTENING** |
| Difficulties sustaining attention and listening. | **Yes / No** | **If yes, please specify:** |
| **PHONOLOGY** |
| Unclear speech. | **Yes / No** | **If yes, please specify:** |
| Stammers/stutters. | **Yes / No** | **If yes, please specify:** |
| **GRAMMAR (SYNTAX AND MORPHOLOGY)** |
| Makes grammatical errors when speaking/writing. | **Yes / No** | **If yes, please specify:** |
| Struggles to sequence ideas and organise information. | **Yes / No** | **If yes, please specify:** |
| Struggles to use language to explain complex ideas and give reasons (e.g. answering exam question). | **Yes / No** | **If yes, please specify:** |
| **VERBAL LEARNING AND MEMORY** |
| Difficulties with long, complex instructions. | **Yes / No** | **If yes, please specify:** |
| Struggles to make sense of information heard. | **Yes / No** | **If yes, please specify:** |
| **SEMANTICS AND WORD FINDING** |
| Difficulty understanding what words mean. | **Yes / No** | **If yes, please specify:** |
| Difficulty generalising or remembering new words. | **Yes / No** | **If yes, please specify:** |
| **PRAGMATICS/LANGUAGE USE** |
| Difficulties with social rules. | **Yes / No** | **If yes, please specify:** |
| Struggles to start conversations or ask questions. | **Yes / No** | **If yes, please specify:** |
| Difficulties maintaining conversations. | **Yes / No** | **If yes, please specify:** |
| Difficulties with non-verbal communication, (e.g. eye contact). | **Yes / No** | **If yes, please specify:** |
| Inappropriate responses and social behaviour. | **Yes / No** | **If yes, please specify:** |
| Makes literal interpretations, difficulties with jokes, sarcasm, ambiguity. | **Yes / No** | **If yes, please specify:** |
| **SOCIAL/EMOTIONAL/MENTAL BEHAVIOURAL** |
| Poor self-esteem.  | **Yes / No** | **If yes, please specify:** |
| Anxious or depressed. | **Yes / No** | **If yes, please specify:** |
| Withdrawn/does not always respond when spoken to. | **Yes / No** | **If yes, please specify:** |
| Displays frustration, anger or aggression | **Yes / No** | **If yes, please specify how this could affect our work with the student:** |

**Please complete all sections and indicate where not applicable. Please send copies of any relevant reports.**