**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:** | | | |
| **UNDERSTANDING, PROCESSING 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:** | | | |
| **VOCABULARY AND CONCEPTS** | | | | | | | | | |
| Difficulty understanding what words mean. | | | | | **Yes / No** | **If yes, please specify:** | | | |
| Difficulty generalising or remembering new words. | | | | | **Yes / No** | **If yes, please specify:** | | | |
| **EXPRESSIVE LANGUAGE** | | | | | | | | | |
| 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:** | | | |
| **SOCIAL COMMUNICATION** | | | | | | | | | |
| 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:** | | | |
| **SPEECH SOUNDS AND FLUENCY** | | | | | | | | | |
| Unclear speech. | | | | | **Yes / No** | **If yes, please specify:** | | | |
| Stammers/stutters. | | | | | **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.**