



Putting **patients**  
at the **HEART**  
of everything we do

FAO Clinic ☐

## School Communication Checklist

**Prior to completing this checklist please discuss your concerns with the student's parents and advise them that you will be raising these concerns anonymously with an SLT.**

### Record of Concern

<b>Name:</b>	<b>Age:</b>	<b>Date:</b>
<b>School, Class Teacher and Year Group:</b>		
<b>Does the Student speak English as an additional language?</b> If yes please specify		
<b>Has a home language assessment been carried out?</b> If yes, please comment		
<b>Other agencies involved?(i.e. EP, Social Services, CAMHS, OT,PT)</b> If yes please comment		
<b>Has the student previously been seen by a Speech and Language Therapist?</b> If yes, please comment		
<b>Is the student making progress with their learning?</b> Please comment		
<b>Does the student have a medical diagnosis (e.g. ASD etc.)</b> Please specify		
<b>Does the pupil have an Education Healthcare Plan (EHCP?)</b>		

Attention and Listening	Yes	No	Comments/ Examples
1. Do they fidget or have difficulty engaging with tasks?			
2. Do they have difficulty sustaining appropriate attention and listening skills during: <ul style="list-style-type: none"> <li>Individual work</li> <li>Small group work</li> <li>Whole class activities</li> </ul>			

Understanding of Language	Yes	No	Comments/ Examples
1. Do they have difficulty responding appropriately to instructions during <ul style="list-style-type: none"> <li>Small group work?</li> <li>Whole class situations?</li> </ul>			
2. Do they watch other students and/or copy others, so they can work out what to do.			

3. Do they struggle to understand questions and show this by: <ul style="list-style-type: none"> <li>• Answering with an irrelevant comment</li> <li>• Repeating part of the question</li> <li>• Answering a related question</li> <li>• Not responding</li> </ul>			
4. Do they struggle to understand and learn a range of vocabulary (i.e. nouns, verbs and adjectives)			
5. Do they have difficulties understanding stories and picking out key information?			

Spoken Language	Yes	No	Comments/ Examples
1. Do they use fewer words or more basic vocabulary than other children their age?			
2. Do they: <ul style="list-style-type: none"> <li>• Over use general terms such as 'that, thingy, put, get'?</li> <li>• Use lots of 'fillers' e.g.; 'um....er...you know.... Like...'or</li> <li>• Hesitate when talking?</li> </ul>			
3. Do they use the wrong words (e.g. 'Book' instead of 'Magazine') or made up words (e.g. 'cutter-grasser' for lawnmower)			
4. Do they miss out small words in sentences e.g. 'a, the, is, was, and' etc.			
5. Do they find it difficult to use appropriate grammar when constructing sentences E.g. 'He buyed the magazine'			
6. Do they use incorrect word order when speaking in sentences E.g. 'My friend in my house come'			
7. Do they recount events in a way that makes them difficult to follow E.g. repeating themselves / missing key information etc.			

Phonology & Speech Sounds	Yes	No	Comments/ Examples
1. Is their speech unclear. Do they: <ul style="list-style-type: none"> <li>• miss out sounds from words (e.g. beginning, middle, end sounds)</li> <li>• substitute one sound for another e.g. 'a tup of toffee'(cup of coffee)</li> <li>• never use some speech sounds</li> </ul>			
2. Do they have difficulty repeating longer words which are new to them (e.g. photosynthesis)?			

Fluency	Yes	No	Comments/ Examples
1. Do they have a stammer or stutter i.e. do they lengthen or repeat sounds or words or get 'stuck' because no sound comes out?			

Social Communication Skills	Yes	No	Comments/ Examples
1. Do they have difficulty: <ul style="list-style-type: none"> <li>Initiating a conversation</li> <li>Taking turns in a conversation</li> <li>Ending a conversation</li> <li>Giving the appropriate amount of information</li> </ul>			
2. Do they struggle to use appropriate eye contact?			
3. Do they have difficulty understanding other's facial expressions and gestures?			
4. Do they have difficulty using appropriate facial expression and gesture?			
5. Do they struggle to use their language skills for a number of reasons e.g. to request, to comment, to protest, to negotiate			
6. Do they struggle to make and maintain friendships?			
7. Do they struggle to join in with group activities, games and conversations?			
8. Do they struggle to understand jokes, idioms, sarcasm or metaphors?			
9. Do they appear to: <ul style="list-style-type: none"> <li>Have low self-esteem</li> <li>Withdraw from activities</li> <li>Not initiate speaking in class</li> <li>Avoid communication</li> <li>Become frustrated or anxious around talking</li> </ul>			

### **Interventions carried out by school:**

Interventions and target areas described should relate to the support provided to target speech, language and communication needs.

**The table below MUST be completed; you can use the *Support in Schools* sheet as a guide**

Date set and date reviewed	Class based or group/1:1 interventions	Communication target / area	Outcome / Progress

**Does the student require extra support to access the curriculum in class?**

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**Action Plan:**

**Is SLT referral agreed at this time: Yes / No**

**If no, please specify agreed next steps for school:**

**Next Review Date Agreed: Yes / No**

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**SLT Signature:**

**Follow up review meeting:**

**Is SLT referral indicated at this time: Yes / No**

**If no, please specify:**

**Outcome:**

**SLT Signature:**

### Collecting Background Information for EAL Families

*Please complete relevant questions for referrals to Speech and Language Therapy Service where English is an Additional Language.*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School/Nursery: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please give family's ethnic origin if not previously stated: \_\_\_\_\_
2. Place and country of birth: \_\_\_\_\_
3. If not U.K., then how long has he/she been in this country? \_\_\_\_\_
4. What language(s) do the parents/adults/relatives speak to each other? \_\_\_\_\_  
\_\_\_\_\_
5. What language(s) do the parents/relatives speak to the student? \_\_\_\_\_  
\_\_\_\_\_
6. What language(s) does the student respond in to parents/relatives? \_\_\_\_\_  
\_\_\_\_\_
7. What language(s) do the studentren use to speak to one another? \_\_\_\_\_
8. In their (the parents') opinion, are the student's language skills the same in all languages? \_\_\_\_\_  
\_\_\_\_\_
9. Which language do you feel is his/her main language? \_\_\_\_\_

Please provide any additional information on student's language skills in home language, e.g. from discussion with parents / informal assessment in school by staff speaking same language. **NB For studentren exposed to English for 3 years or less the SLCN home language screening assessment must be completed by school and returned with the referral.**

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Thank you for completing this form. The information will greatly assist with the processing of referrals

