



Communication Screen

Name: _____ Age: _____

Name of person completing screen: _____

Date screen completed: _____

Does the young person:	Yes	No	Don't know
Have difficulty listening to, remembering or understanding what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty expanding an answer or providing details when talking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty using appropriate non-verbal communication eg eye contact, body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a stammer or get stuck on words when talking?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the response to any of the above questions is yes,
please go to the next page*

*If the young person presents with a stammer, please liaise with the health team to refer this young person directly to mainstream speech and language therapy services

Comments:

Understanding spoken language

Does the young person:	Yes	No	Don't know
Have difficulty remembering things people say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty following spoken instructions or only follow part of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty understanding the meaning of words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaking

Does the young person:	Yes	No	Don't know
Have difficulty thinking of the words he wants to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overuse basic vocabulary or use few complicated words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty explaining things and telling stories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mispronounce words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social skills

Does the young person:	Yes	No	Don't know
Find it hard to get along with other young people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid or struggle to work in a group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets frustrated or upset for no obvious reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty negotiating with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

Does the young person:	Yes	No	Don't know
Have literacy difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a family history of speech, language, communication or literacy difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total 'yes' + Total 'don't know' = Total Score

If the total score is or more, refer to.....

Referred to Specialist Nurse (record dates)

Referral received

Assessment completed

Your communication

Your name: _____

Listening and Understanding

Some young people:	Not like me	A bit like me	Quite like me	Just like me
1) find it hard to understand what people are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) find it hard to understand or remember long instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) find it hard to understand long or complicated words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) find it hard to listen and/or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaking

Some young people:	Not like me	A bit like me	Quite like me	Just like me
5) find it hard to think of the words they want to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) find it hard to say words clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) find it hard to explain things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) get stuck on words when speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social skills

Some young people:	Not like me	A bit like me	Quite like me	Just like me
9) find it hard to start or join in a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) don't like looking at people when they're talking or listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) find it hard to know what other people are thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) find it hard to know what to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referred to Specialist Nurse
(record dates)

Referral received

Assessment completed