

School/Nursery Report for Children with Social Communication concerns

Name of child:

DOB:

Completed by:

Role:

School/Nursery:

Year Group:

Date:

Please complete as fully as possible, giving examples if necessary.

In general what are the child's most noticeable strengths and needs?	
Strengths	Needs
How long have there been concerns?	

Social Interaction

Tell us how the child functions in group situations as compared to in 1:1?			
Just as well <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
How well does the child make and keep friends, as expected for his/her age?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Does the child give eye contact to others, as expected for his/ her age			
Age appropriate <input type="checkbox"/>	Reduced but present <input type="checkbox"/>	Very little eye contact <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Does the child use smiles socially e.g. to greet people or return a smile to someone, as expected for his/her age?			
Age appropriate <input type="checkbox"/>	Reduced but present <input type="checkbox"/>	Very little eye contact <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
What is the child like with the following?			
Initiating contact e.g. spontaneously approaching other people			
Age appropriate <input type="checkbox"/>	Reduced but present <input type="checkbox"/>	Rarely initiates <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Co-operating e.g. turn taking, interactive ball play, working with peers in small groups			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Responding to other people e.g. when greeted or approached by others			
Age appropriate <input type="checkbox"/>	Inconsistent Response <input type="checkbox"/>	Very little response <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Sharing e.g. food, toys, enjoyment			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>

Following Instructions			
Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments on social interaction functions (particular strengths, needs, and examples of unusual patterns of social interaction).

No additional comments

Additional comments as follows:

Communication

How well does the child make his/her needs known?			
Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the child use non-verbal communication methods e.g. gestures, facial expressions, pointing etc.

Age appropriate	Reduced but present	Very little used	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can the child manage a 2-way conversation, and pay attention to what others have to say?
(Please tick 'Unable to comment' if the child is unable to speak in sentences with at least 3 words)

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well does the child understand jokes, sarcasm and idioms?
(Please tick 'Unable to comment' if the child is unable to speak in sentences with at least 3 words)

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the child have tendency to keep on talking about particular topics repetitively?
(Please tick 'Unable to comment' if the child is unable to speak in sentences with at least 3 words)

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments on communication (particular strengths, needs, and examples of unusual patterns of communication).

No additional comments

Additional comments as follows:

Behaviour

Are there any specific behaviour management difficulties? What are these and what are the triggers (if known)?

- No specific management difficulties.
 Possible or definite management difficulties with examples as follows:

Does the child function in classroom as well as during unstructured times e.g. lunch time, play times?

Just as well	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How is the child in assembly?

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about any rigid or unusual behaviours

- No rigid or unusual behaviours observed.
 Possible or definite rigid or unusual behaviours, with examples as follows:

Tell us about any unusual mannerisms i.e. repetitive movements such as rocking, spinning, hand flapping, repetitive tapping of certain part of body etc

- No unusual mannerisms observed.
 Possible or definite unusual mannerisms observed, with examples as follows:

Additional comments on behaviour (particular strengths, needs, and examples of unusual patterns of behaviour).

- No additional comments
 Additional comments as follows:

Imagination and Rigidity

How well does the child participate in pretend play, as expected of his/her age?

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there is a change in the timetable, how well does the child cope, as expected of his/her age?

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does the child use the home corner? (if appropriate)

(Please tick 'Unable to comment' if the child is of an age that home corner is not appropriate)

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the child like with listening, understanding and writing creative stories?

(Please tick 'Unable to comment' if the child does not have sufficient language skills to participate in story activities)

Age appropriate	Some difficulties	Severe difficulties	Unable to comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the child have any unusual interests, or any pre-occupation with certain toys or topics?

- No unusual interests or pre-occupations observed.
- There are possible or definite unusual interests or pre-occupations, with examples as follows:

Sensory

Tell us about any unusual response the child has to the following:

Noise <input type="checkbox"/> No unusual response observed. <input type="checkbox"/> Possible or definite unusual response observed, with examples as follows:	Touch <input type="checkbox"/> No unusual response observed. <input type="checkbox"/> Possible or definite unusual response observed, with examples as follows:
Smell <input type="checkbox"/> No unusual response observed. <input type="checkbox"/> Possible or definite unusual response observed, with examples as follows:	Any other <input type="checkbox"/> No unusual response observed. <input type="checkbox"/> Possible or definite unusual response observed, with examples as follows:

Academic Ability

What are the child's strengths/difficulties with learning?

Strengths:

Difficulties:

Does he/she have any special skills?

- Yes, the child has the following special skills.

- None observed.

Is the child able to manage classroom activities as expected of his/her age, with little need for individual set of activities?			
Age appropriate <input type="checkbox"/>	Some individual activities <input type="checkbox"/>	Full individual programme <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
What level of additional support is currently provided?			
None <input type="checkbox"/>	Shared Support <input type="checkbox"/>	One-to-one support <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
What are his/her organisational skills like?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
What is the child's concentration like?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
How much attention does he/she demand in the classroom?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
What is the child's self-esteem/confidence like?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>

Literacy Skills

Tell us about the following:

	How do these compare with other children of the same age?	Are these skills in keeping with the rest of the child's skills?
Reading Skills	<input type="checkbox"/> Age appropriate. <input type="checkbox"/> Some difficulties. <input type="checkbox"/> Severe difficulties. <input type="checkbox"/> Unable to comment.	<input type="checkbox"/> Similar to other skills. <input type="checkbox"/> Mild/Moderately behind other skills. <input type="checkbox"/> Significantly behind other skills. <input type="checkbox"/> Unable to comment.
Spelling Skills	<input type="checkbox"/> Age appropriate. <input type="checkbox"/> Some difficulties. <input type="checkbox"/> Severe difficulties. <input type="checkbox"/> Unable to comment.	<input type="checkbox"/> Similar to other skills. <input type="checkbox"/> Mild/Moderately behind other skills. <input type="checkbox"/> Significantly behind other skills. <input type="checkbox"/> Unable to comment.
Reading for meaning skills	<input type="checkbox"/> Age appropriate. <input type="checkbox"/> Some difficulties. <input type="checkbox"/> Severe difficulties. <input type="checkbox"/> Unable to comment.	<input type="checkbox"/> Similar to other skills. <input type="checkbox"/> Mild/Moderately behind other skills. <input type="checkbox"/> Significantly behind other skills. <input type="checkbox"/> Unable to comment.

Co-ordination

How does the child do at PE?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Does the child seem more or less co-ordinated than other children of his/her age?			
Age appropriate <input type="checkbox"/>	Some difficulties <input type="checkbox"/>	Severe difficulties <input type="checkbox"/>	Unable to comment <input type="checkbox"/>

Is child on :	School Action (include IEPs)	School Action Plus (include IEPs)	None
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Educational Psychology	Discussed with Educational Psychologist	Seen by Educational Psychologist (include initial report)	Not Applicable
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Statement of Special Education Needs	Yes	No	Applied/ in the process/ Refused
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Any additional comments about the child that you would like to make, apart from the information already provided to the questionnaire so far?

- No additional comments
- Additional comments as follows:

Thank you for taking the time to complete this. The information provided is an important part of the full assessment of this child and will hopefully assist in reaching an appropriate diagnosis, as well as informing the assessment of their needs.

Please return to:

Name of health professional: _____

Address: _____