

**Speech and Language Therapy Primary School Age Questoinnaire**

**Please send with Referral form**

Please return this form to Barnet Children’s Integrated Therapies at: whh-tr.barnetCIT@nhs.net

**ALL sections are compulsory and MUST be completed**

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| **Name of Child:** | **Date of Birth:** | **NHS number:** | **Languages spoken:** |
| **School:** | **Person completing:** | **Date completed:** |

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| **Please Tick Area(s) of Concern**  |
| **Attention and Listening**(Focusing on activities and words) |  | **Understanding** (Words, instructions, stories, questions) |  | **Use of Language** (Using words/sentences ) |  |
| **Social Communication** (Interacting with others) |  | **Speech Sounds** (Sounds used and speech clarity) |  | **Dysfluency or Stammering** (Nonfluent speech) |  |
| **Voice** (Hoarse or unusual voice quality) |  | **Eating and Drinking** |  | **Cognition and Learning** |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Attention and Listening** | Look at you when you say his/her name? |  |  |  |
| Respond when you talk to him/her? |  |  |  |
| Focus on an activity that he/she has chosen for an extended period? |  |  |  |
| Focus on an adult led activity/lesson for an extended period? |  |  |  |
| Listen to you without having to stop what he/she is doing to look at you? |  |  |  |
| Listen actively during group activities? |  |  |  |
| Become easily distracted by the environment? |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Social Communication and Interaction** | Respond to his/her name? |  |  |  |
| Look at something you are pointing to or looking at? |  |  |  |
| Initiate interactions with adults? |  |  |  |
| Share space with peers? |  |  |  |
| Show interest in peers? |  |  |  |
| Initiate interactions with peers? |  |  |  |
| Respond to bids for interaction from adults? |  |  |  |
| Respond to bids for interaction from peers? |  |  |  |
| Pretend or imagine during role play? |  |  |  |
| Show creative thinking? |  |  |  |
| Take turns during social activities or games? |  |  |  |
| Take turns during conversation (switch between speaker and listener)? |  |  |  |
| Use verbal or nonverbal language for a range of social purposes e.g. greet? |  |  |  |
| Have friendships with peers who share his/her interests? |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Understanding of Language** | Understand words related to daily routines? |  |  |  |
| Identify familiar objects and people when labelled/named? |  |  |  |
| Follow simple sentences and instructions (one or two keywords)? |  |  |  |
| Follow sentences and instructions which increase in length and complexity? |  |  |  |
| Follow instructions with multiple steps? |  |  |  |
| Understand basic language concepts such as size, colour and shape? |  |  |  |
| Understand language concepts related to the curriculum? |  |  |  |
| Answer simple questions (such as W*ho? Where? What is \_\_ doing?*)? |  |  |  |
| Answer more complicated questions (such as *Why? How?*)? |  |  |  |
| Follow simple stories? |  |  |  |
| Repeat what he/she hears rather than responding to questions/instructions? |  |  |  |
| Understand abstract or figurative language? |  |  |  |
| Make inferences (read between the lines for meaning)? |  |  |  |
| Sequence a series of events in a logical order? |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Use of language** | Use nonverbal communication (such as pointing, gesture or symbols)? |  |  |  |
| Use vocalisations or sounds to communicate? |  |  |  |
| Echo language he/she hears? |  |  |  |
| Use single words? |  |  |  |
| Use a range of nouns, verbs and language concepts? |  |  |  |
| Use learnt phrases in the correct context? |  |  |  |
| Formulate and use simple sentences? |  |  |  |
| Use language to request? |  |  |  |
| Use language to ask questions? |  |  |  |
| Use language for a range of functional purposes? |  |  |  |
| Produce a simple recount of what has happened? |  |  |  |
| Recall a sequence of events? |  |  |  |
| Use correct grammar? |  |  |  |
| Join sentences together using conjunctions? |  |  |  |
| Omit words in sentences? |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Speech sounds and clarity** | Use a variety of consonant sounds in words? |  |  |  |
| Use a variety of vowel sounds in words? |  |  |  |
| Produce speech that can be understood by familiar people? |  |  |  |
| Produce speech that can be understood by less familiar people? |  |  |  |
| Miss out sounds at the beginning or end of words?  |  |  |  |
| Substitute one sound for another in a word?(eg. say “tat” for *cat* or “dock” for *sock*) |  |  |  |
| Miss sounds out of consonant clusters?(eg. say “tar” for *star*, or “pay” for *play*) |  |  |  |
| Have difficulty saying ‘s’ and ‘z’ clearly? If **YES**, please underline the statement that applies:* ‘s’ is said with the tongue between the teeth.
* ‘s’ sounds “slushy” with air passing along the sides of the tongue.
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| Dribble when speaking? |  |  |  |
| Speak with a nasal tone (hypernasal speech)? |  |  |  |
| Sound as if their nose is blocked when speaking (hyponasal speech)? |  |  |  |
| Have difficulty saying any of the sounds below?If **YES**, please underline the ones that apply**w** (as in *watch*); **l** (as in *lemon*); **y** (as in *yes*); **r** (as in *rabbit*);**ch** (as in *chips*); **j** (as in *jump*); **th** (as in *think* or *this*). |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Fluency** | Sound dysfluent (hesitant) when speaking (eg pause a lot, say “um” or repeat words)? |  |  |  |
| Repeat whole words? |  |  |  |
| Repeat sounds or syllables in words (eg. *c-c-can* or *be be because*)? |  |  |  |
| Stretch out sounds in words (eg. say *mmmy* with a long m?) |  |  |  |
| Seem to get stuck on a sound or word?  |  |  |  |
| Show signs of physical tension when speaking (eg. blinking, forcing words out)? |  |  |  |
| Express that speaking is difficult? |  |  |  |
| Have any relatives who have stammered (as a child or into adulthood)?  |  |  |  |

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| **Does the child:** | **Yes** | **No** | **Unsure** |
| **Voice** | Have a hoarse or strained sounding voice? |  |  |  |
| Have breaks/silences in their voice when speaking? |  |  |  |
| Sound as if effort is required when speaking? |  |  |  |
| Use a louder or quieter voice than expected? |  |  |  |
| Have a restricted pitch range eg. speak in a monotone voice? |  |  |  |
| Has there been a recent ENT assessment?  |  |  |  |

**Please include any additional information and examples of the child’s strengths and any concerns:**

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| **Attention and Listening:** |
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| **Understanding:** |
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| **Use of Language:**  |
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| **Social Communication:**  |
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| **Speech Sounds:**  |
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| **Stammering:** |
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| **Voice:**  |
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| **Eating and Drinking:** |
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| **Cognition and Learning:** |
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