**COMMUNICATION SCREENING OBSERVATIONS**

**NAME: AGE: DATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the young person:** | **Yes** | **No** | **Don’t know** |
| Have difficulty listening to, remembering or understanding what you say? |  |  |  |
| Have difficulty using appropriate non-verbal communication e.g. eye contact, body language |  |  |  |
| Have difficulty expanding an answer or providing details when talking? |  |  |  |
| Have a stammer or get stuck on words when talking? |  |  |  |

***If the response to any of the above questions is yes, please give more details:***

**Understanding Spoken Language**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the young person:** | **Yes** | **No** | **Don’t know** | **For example** |
| have difficulty remembering things people say? |  |  |  |  |
| have difficulty following spoken instructionsor only follow part of them? |  |  |  |  |
| have difficulty understanding the meaning of words? |  |  |  |  |

**Speaking**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the young person:** | **Yes** | **No** | **Don’t know** | **For example** |
| have difficulty thinking of the words he/she wants to say? |  |  |  |  |
| use very basic vocabulary and few complicated words? |  |  |  |  |
| mispronounce words |  |  |  |  |
| have difficulty explaining things and telling stories? |  |  |  |  |

**Social Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the young person:** | **Yes** | **No** | **Don’t know** | **For example** |
| find it hard to get along with other young people? |  |  |  |  |
| avoid or struggle to work in a group? |  |  |  |  |
| get frustrated or upset for no obvious reason? |  |  |  |  |
| have difficulty negotiating with others? |  |  |  |  |