# Social Communication Disorders Pathway

# TEACHER OBSERVATION QUESTIONNAIRE – UNDER 5

**Please be aware that this form may be shared with the family.**

**Not all questions will be relevant for all children. If it is not relevant, please indicate by saying N/A**

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| --- | --- |
| **Child’s Name:** |  |
| **Date of Birth:**  |  |
| **NHS No (if known):**  |  |

|  |  |
| --- | --- |
| **School/Nursery:**  | **Telephone:**  |
| **Class:**  | **E-mail:**  |
| **Address:**  |   |
| **Head Teacher** | **Class Teacher:**  |

# QUESTION 1: What are this child’s main strengths as you see them?

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**QUESTION 2: What are this child’s main areas of need (if any) as you see them?**

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**QUESTION 3: Social Interaction**

**Please comment on the following regarding this child’s relationships with adults and peers:**

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| --- | --- |
|  | Comments  |
| Response when you smile at him/her |  |
| Use of everyday gestures such as waving goodbye – is this in response to you waving or spontaneous |  |
| Ability to point to an object to share interest with you |  |
| Ability to share toys with peers |  |
| Ability to show toys to you to share interest |  |
| Ability to show emotion on their face e.g. frowning, looking guilty, looking surprised |  |
| Ability to take turns  |  |
| Imitation of simple actions |  |
| Any additional comments regarding social interaction? |  |

**QUESTION 4: Social Communication**

**Please comment on the following regarding** **the way this child communicates with others, to include speech, language and non-verbal communication skills such as eye contact, facial expression and gesture:**

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| --- | --- |
|  | Comments  |
| Way of letting you know what they want. How do they do this?  |  |
| Use of eye contact with parents and others |  |
| Use of gesture to support what they want to say  |  |
| Please comment on any unexpected use of language such as copying what others say, or copying phrases from TV shows |  |
| Please comment on any unexpected behaviours such as a desire to do things in the same way or repeat actions.  |  |
| Please comment on the range of reasons this child tends to communicate for e.g. to request, refuse, draw attention to something, ask a question, respond to questions, for social purposes etc.  |  |
| Any additional comments regarding social communication?  |  |

**Question 5: Play**

**Please comment on this child’s play:**

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| --- | --- |
| Please comment on this child’s:  | Comments  |
| Does this child tend to play with peers or alongside peers? |  |
| What are this child’s play preferences and how do they tend to play? |  |
| Does this child enjoy imaginative play, if so of what kind? |  |
| Does this child enjoy playing with peers in imaginative play and or physical play? Please describe. |  |
| Does this child seem to like to play in the same way over and over? If so, please comment on this. |  |
| Does this child show interest in new toys? |  |
| If this child is interested in books please give examples of how they like to use them e.g. to share with you, peers etc. |  |
| Does this child ever play in unusual ways with a toy e.g. to look at it from an unusual angle, to mouth or sniff it? If so, please give examples.  |  |
| Any additional comments regarding play?  |  |

**QUESTION 6: Behaviour and flexibility:**

**Please comment on how the child behaves? Does this child find it hard to follow routines or prefer to self-select and lead activities? Is it difficult to get the child to follow adult led activities?**

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| --- | --- |
|  | Comments  |
| How does this child cope with minor changes to routine? |  |
| Does this child have any special interests?  |  |
| Does this child seem to like doing things in a set way or order? Please give examples.  |  |
| How is this child in group activities such as circle time?  |  |
| Any additional comments regarding behaviour?  |  |

**QUESTION 7: Sensory differences:**

**Please comment on this child’s sensory differences or needs:**

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| --- | --- |
|  | Comments  |
| Please comment on any of the following: does this child have any unusual responses to sensory stimuli e.g. loud noises, smells, light and reflections? Does the child get upset by people being in his/her personal space? etc |  |
| Any additional comments regarding sensory behaviour or needs?  |  |

Question 8: Educational support

a. Does the child have an Education Health Care Plan?

**Yes**  **No**

1. **Is the child receiving any extra educational help and if so, what does this entail?**

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**QUESTION 9: Does the child have any difficulties understanding language? Do you have to adapt your language?** Please give an example of an instruction that he/she can understand.

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**QUESTION 10:** **Does the child have any unexpected features such as use of intonation? (including high or unusual pitch, unusual stress patterns, have little variation in tone or unusual volume)** Please describe.

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**Question 12: How does your child manage everyday tasks such as getting dressed, eating, using the toilet, and other self-care routines? Do they complete these independently, or do they need help from you.** Please describe.

**QUESTION 13:** **How does the child express themselves verbally?** Please give 2 examples of any words or sentences that they use.

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**QUESTION 14:**

**Please add anything else you would like us to know that has not been covered above.**

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**QUESTION 13: Do you know of any current or historical social care involvement for this child/family. If there is a current social worker, please add the name and contact details.**

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| Name of person completing form: Date:  |

Thank you very much for your help!

Please return this form to the person who is referring your child (your GP, SENCO etc) or if this form came from St George’s Hospital to the email below.

Email: Paediatric.SCDAdmin@stgeorges.nhs.uk