# 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:**

|  |  |
| --- | --- |
|  | 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:**

|  |  |
| --- | --- |
| 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:

Email: Paediatric.SCDAdmin@stgeorges.nhs.uk