# Social Communication Disorders Pathway

# TEACHER OBSERVATION QUESTIONNAIRE

**Please be aware that this form may be shared with the family. *NB please add child’s name and dob to the footer.***

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

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

**Does this child/family have and current or historic involvement with social care? If so, please add details including name of social worker if relevant**

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

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**QUESTIONS 2: What are this child’s main differences from peers (if any) as you see them?**

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**QUESTION 3: In comparison to his/her peers, how is the child in terms of:**

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|  | Well below average | Below average | At age related expectations | Above Average | Well above average |
| General level of ability |  |  |  |  |  |
| General level of attainment |  |  |  |  |  |
| Ability in reading |  |  |  |  |  |
| Ability in writing |  |  |  |  |  |
| Ability in maths |  |  |  |  |  |
| Ability in spelling |  |  |  |  |  |

**QUESTION 4**

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

**Yes** q **No** q

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

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QUESTION 5: Please give a description of the child’s behaviour at times he/she is in a 1:1 situation with a teacher or other adult.

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QUESTION 6: Please give a description of the child’s behaviour at times he/she is expected to listen to the teacher.

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QUESTION 7: Please give a description of the child’s behaviour at times the children in the class are expected to organise themselves to complete some work.

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QUESTION 8: Please give a description of the child’s behaviour at break times.

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**QUESTION 9: Please give a description of the child’s behaviour during assembly.**

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QUESTION 10: Please comment on the quality of this child’s relationship with peers and adults in the classroom and playground e.g. closeness of friendships, quality of play, being able to take turns and share, general social behaviour.

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**QUESTION 11: Does the child/young person 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 12:** **Does the child/young person ever misunderstand and take something literally that you have said?** Please give examples.

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**QUESTION 13:** **Does the child/young person have any features that are different to peers such as use of intonation? (including high or unusual pitch, unusual stress patterns, or a monotonous voice, or unusual volume)** Please describe.

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**QUESTION 14:** **Does the child/young person use any echolalic (copied) language? This may include language directly copied or language that has the quality of being learnt in chunks from TV etc.)** Please give an example if possible.

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**QUESTION 15: Does the child/young person use any unexpected vocabulary for his/her age or social group that may make his/her output sound unusual such as too formal etc.?** Please give an example.

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**QUESTION 16:** **How does the child/young person express themselves verbally?** Please give 2 examples of any words or sentences that they use.

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**QUESTION 17:** **How does the child use non-verbal communication such as eye contact, facial expressions, gestures or physical means such as pushing?** Please give examples.

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**QUESTION 18: Does the child/young person talk mainly about his/her own specific topics of interest etc?** Please give examples.

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**QUESTION 19:** **Does the child/young person demonstrate the ability to use imagination and creativity not copied from others (this may be evident in a lack of flexibility of play or in creative writing etc)** Please give examples.

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**QUESTION 20:** **Does the child/young person find it hard to accept “change” or unstructured situations such as supply teachers, school celebrations or trips?**

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**QUESTION 21:** **Does the child/young person have any unexpected responses or responses that are different from their peers to sensory stimuli e.g. loud noises, smells, light and reflections. Does the child/young person get upset by people being in their personal space? etc.** Please give examples

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QUESTION 22: Compared to peers, how does this child find the following (please tick one box for each area):

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|  | Significantly harder | Slightly harder | No different | Easier |
| *Butting into others’ conversations* |  |  |  |  |
| *Leaving seat without permission* |  |  |  |  |
| *Difficulty turn taking* |  |  |  |  |
| *Forgetfulness* |  |  |  |  |
| *Inability to listen to instructions* |  |  |  |  |
| *Blurting answers out of turn* |  |  |  |  |
| *Fidgeting or squirming* |  |  |  |  |
| *Excessive & inappropriate running* |  |  |  |  |
| *Inability to complete tasks* |  |  |  |  |
| *Poor organisation* |  |  |  |  |
| *Careless errors in work* |  |  |  |  |
| *Excessively noisy in play* |  |  |  |  |
| *Excessive & inappropriate talking* |  |  |  |  |
| *Easily distracted* |  |  |  |  |
| *Inability to sustain attention* |  |  |  |  |
| *Dislike of tasks requiring concentration* |  |  |  |  |
| *Losing things necessary for tasks e.g. books* |  |  |  |  |
| *Excessive motor activity* |  |  |  |  |

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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](mailto:Paediatric.SCDAdmin@stgeorges.nhs.uk)