Please tick this box to confirm that you have agreed this referral with the Integrated Service - this must have happened before a referral to the Integrated Service can be made.

**SECONDARY SCHOOL - SCREENING QUESTIONS - FOR TERMLY SCHOOL SUPPORT MEETINGS WITH INTEGRATED SERVICE**

**Please complete this form and bring it with you to the SSM, with an extra copy for the SLT/C&I Teacher. We will not be able to talk about the student without this form.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School:** |  |  |  |  |  |  |  |
| **SENCO/Teacher name:** |  |  |  |  |  |  |  |
| **Student initials:** |  |  |  |  |  |  |  |
| **Year group:** |  |  |  |  |  |  |  |
| **Code of Practice** | **n/a** |  | **School Support** |  | **EHCP** |  |
| **Is the pupil currently (or within the last 6 months) receiving support from an Independent Speech & Language therapist?** |  |  |  |  |
| **Date of school support meeting:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **DETAILED DESCRIPTORS - YEARS 7,8,9,10,11** |  | **Please rate their degree of difficulty** |  |
| **DOES THE STUDENT HAVE DIFFICULTIES WITH / IN ?** | **no** |  | **mild** |  | **moderate\*** | **high\*** |  |
|  |  |  |  |  |  |  |  |
| **SECTION A** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Attention and listening** |  |  |  |  |  |  |  |
| Listening skills - in a 1:2:1 environment |  |  |  |  |  |  |  |
| Listening skills - in the classroom environment |  |  |  |  |  |  |  |
| Listening skiils - with peers in social situations |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Understanding language - comprehension** |  |  |  |  |  |  |  |
| Comprehending text that s/he is able to read |  |  |  |  |  |  |  |
| Understanding sequences of instructions |  |  |  |  |  |  |  |
| Understanding and following conversations |  |  |  |  |  |  |  |
| Understanding abstract terms and concepts e.g. time, space |  |  |  |  |  |  |  |
| quantities |  |  |  |  |  |  |  |
| Understanding timetables and/or sequencing events |  |  |  |  |  |  |  |
| Do they frequently seek clarification of conversations, instructions |  |  |  | Yes/ No |  |  |
| etc. |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Expressive language - speaking** |  |  |  |  |  |  |  |
| Organising spoken and written language into consistently coherent |  |  |  |  |  |  |  |
| sentences and passages |  |  |  |  |  |  |  |
| Using abstract terms and concepts e.g. time, space quantities |  |  |  |  |  |  |  |
| Remembering / retaining vocabulary |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Speech** |  |  |  |  |  |  |  |
| Articulation / speech sound production |  |  |  |  |  |  |  |
| Speaking fluently i.e. have you noticed a stammer/stutter? |  |  |  |  |  |  |  |
| Voice quality (e.g. often sounding croaky, breathy, hoarse or |  |  |  |  |  |  |  |
| experiencing loss of voice). |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social communication/pragmatics/behaviour** |  |  |  |  |  |  |  |
| Understanding non-literal language e.g. jokes, sarcasm |  |  |  |  |  |  |  |
| Communicating effectively at home / school particularly in social |  |  |  |  |  |  |  |
| situations |  |  |  |  |  |  |  |
| Exhibiting suitable behaviour, responding appropriately |  |  |  |  |  |  |  |
| Establishing a positive self image, self confidence and good peer relationships |  |  |  |  |  |  |  |

**SECTION B**

Difficulty with some/all aspects of literacy and numeracy - no transfer to other areas of the curriculum

Motor co-ordination - e.g.fine motor skills such as doing up clothes, drawing and pencil skills or gross motor skills such as walking and running

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Does the student have difficulties in other areas of learning? (If yes |  | Yes/No |
| please give details) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **STUDENT'S CURRENT NATIONAL CURRICULUM LEVELS** |  |  |  |  |
|  |  |  |  |  |

What support is already in place to support the pupil's communication?

What support/TA time is available to support this pupil?

**SECTION C**

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| Has the student had a recent hearing test? (If yes please provide |
| the date). |

 | Yes/No |
|  |  |
| Does the pupil speak any languages additional to English? (if yes, please list them here). | Yes/No |

|  |
| --- |
| Please list any professionals that are involved with the pupil. |

**WHAT ARE YOUR MAIN CONCERNS?**

|  |
| --- |
|  |

|  |
| --- |
| **SECTION D** |
| What changes do parents/school want for the child? |
| What needs to be done to achieve this? |
| What support from the Speech and Language Therapist would you like to support this? |

**\*Where you have identified a "moderate" or "high" level of need, please be prepared to talk though some specific examples in the meeting.**