**Early Years SEND Team**

**Communication and Interaction Section**

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| --- | --- |
| **Child’s Name:** |  |
| **Date of Birth:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | | | **Yes** | **No** |
| **Do they respond to their name by looking or turning?** | | |  |  |
| **If no**  Can they do respond in a quiet space?  Do they respond to loud sounds such as fire engine, bang crash? | | |  |  |
| **Are they able to identify a named familiar object?** | | |  |  |
| **If no**  Can they find a familiar person, e.g., Mum or Dad?  Can they find a familiar object in their environment? | | |  |  |
| **Will they indicate to an adult if they need help?** | | |  |  |
| **If no**  How do they respond if they cannot achieve something without help – withdraw from activity, become frustrated and cry/shout/throw etc, continue to try to solve the problem themselves? | | |  |  |
| **Can they use words to ask for something?** | | |  |  |
| **If no**  Have you heard them ask for something?  Can they lead an adult to something they want?  Can they gesture/point?  Can they eye point to the thing they need? | | |  |  |
| **Are they putting 2/3 words together to form a short phrase or sentence?** | | |  |  |
| **If no**  Are they using single words in the correct context – to label things/to ask for something i.e., ‘drink?’  Are they using single words spontaneously?  Are they copying language? | | |  |  |
| **Visual Impairment** | |  | | |
| **Hearing Impairment** | |  | | |
| **Medical Diagnosis (please specify)** | |  | | |
| **Additional Comments** | | | | |
| **Completed by** |  | | | |
| **Setting** |  | | | |
| **Date** |  | | | |
| **Signature** |  | | | |