**Early Years SEND Team**

**Communication and Interaction Section**

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

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| --- | --- | --- |
| **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** |  |