



Name of Child:

Date of Birth:

Completed By:

Date:

- |   |     |    |
|---|-----|----|
| 1. Mispronounces, muddles or shortens words especially when talking fast? | Yes | No |
| 2. Difficulty understanding words relating to time, space and sequences?  | Yes | No |
| 3. Does not follow instructions without a model, repetition or prompting? | Yes | No |
| 4. Frequently unable to recall words that are on the 'Tip of the tongue'? | Yes | No |
| 5. Struggles to give clear, organised descriptions and explanations?      | Yes | No |
| 6. Uses immature verb forms and / or sentence structure?                  | Yes | No |
| 7. Over literal interpretation of idiom, metaphor and verbal humour?      | Yes | No |
| 8. Frequently unable to recall words that are on the 'Tip of the tongue'? | Yes | No |
| 9. Struggles to give clear, organised descriptions and explanations?      | Yes | No |
| 10. Uses immature verb forms and / or sentence structure?                 | Yes | No |
| 11. Over literal interpretation of idiom, metaphor and verbal humour?     | Yes | No |

Complete **ONLY** if there are concerns about the development of speech,  
language and/or non-verbal communication.

Review 1

Review 2

Date:

**Main Presenting Communication Difficulties at HOME**

1.

2.

3.

4.

5.

**Main Presenting Communication Difficulties at SCHOOL**

1.

2.

3.

4.

5.