

Identification of Need (Early Years)

This form is part of the EY Speech and Language Therapy referral process

Instructions for completing this form:

Each of these sections asks you to compare the child's skills with those of others of the same age. At the end of each section there is a space for your comments. Please add any extra information which you think may be useful.

Name of child:

Date:

1. Play

How well can the child...

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Engage in pretend play with large toys?			
Engage in pretend play with miniature toys?			
Play alongside others?			
Play co-operatively with other children?			

Comments:

2. Attention & Listening:

How well can the child...

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Listen in larger group? e.g. stories, circle time			
Listen in a small group?			
Listen in a one to one situation?			
Give eye contact as appropriate?			
Stay on task without adult support?			

Comments:

3. Understanding of language (Receptive Language):

How well can the child...

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Follow routines/ instructions in context?			
Follow simple instructions without cues?			
Follow stories or explanations?			
Understand concepts of colour/size/shape/ position?			
Comments:			

4. Use of Language (Expressive Language):

How well can the child...

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Use language for a variety of purposes? e.g.: <ul style="list-style-type: none"> • Attracting attention • Making choices • Rejecting something • Making requests • Asking for information • Commenting • Greeting 			
Use single words spontaneously?			
Combine words together spontaneously?			
Use appropriate word order in sentences?			
Use vocabulary appropriately?			
Comments: Can you give an example of a typical phrase/sentence the child might use?			

5. Social Skills

How well can the child...

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Initiate communication with adults?			
Initiate communication with children?			
Demonstrate turn taking in simple play activities?			
Communicate their needs non-verbally?			
Communicate their needs verbally?			
Use eye contact?			
Make friends?			
Demonstrate joint / shared attention?			

Comments:

Does the child have a favourite topic/toy that they show an unusual amount of interest in?

Yes

No

If 'yes', please specify.

6. Speech sounds/Pronunciation:

Can the child be understood by...

(please tick as appropriate)

Familiar adults?	Yes	No
Unfamiliar adults?	Yes	No
Other children?	Yes	No
What words or sounds (if any) are difficult for the child to pronounce?		
Is the child's speech usually fluent? i.e. does child repeat sounds, words several times?	Yes	No
Does the child have a hoarse voice/voice loss?	Yes	No

7. Other Skills

Please indicate how the child's skills in the following areas compare with other children of the same age:

(please tick as appropriate)

Skill:	Less able than peers:	Similar ability to peers:	More able than peers:
Self help e.g. dressing:			
Gross Motor skills:			
Fine motor skills:			
Drawing/painting:			
Eating/Drinking:			
Sensory issues:			

Comments:

Additional Comments

