



Trafford Virtual School

Speech, Language & Communication Needs Screen ('Hackney Tool') School Age and Above

Do not ask the child or young person these questions

This form is to be completed by a professional or carer who has spent time with the child

Please note – If you are visually impaired or require assistance with accessing this form, please contact

Virtual School.					
Name of child/young person:	I	DOB:			
Name of person completing screen:	Relationship to child (parent, foster carer, etc.)				
Date completed:					
Please list all of the child's home/family languages:					
Child's first language:					
Attention & Lister	ing				
In comparison to children of a similar age, does the individual:	Yes	Sometimes	No		
Have difficulty attending to spoken information? For example:					
Do they find it hard to look at the person who is talking? Are they easily distracted by other activities going on around them? Do they 'switch off' when verbal information is presented?					
Have difficulty maintaining attention and listening to an adult led activity?					
Understanding Lang	guage				
In comparison to children of a similar age, does the individual:	Yes	Sometimes	No		
Have difficulty remembering things people say?					
Have difficulty following spoken instructions or only follow part of them?					
Have difficulty understanding a range of questions? For example:					
Who, what, where, when, why, how? Have difficulties with time concepts? For example: Understanding date concepts such as 'yesterday', 'tomorrow', 'last week'	 ek?'				

Expressive Language (including Speech)					
In comparison to children of a similar age, does the individual:	Yes	Sometimes	No		
Have difficulty thinking of the words s/he wants to say or use very simple/non-specific words?					
Have difficulty explaining their ideas or describing events?					
Is their speech difficult to understand? Do they mispronounce words frequently?					
Do they stammer/ stutter or get stuck on words?					
Social Communication	Skills				
In comparison to children of a similar age, does the individual:	Yes	Sometimes	No		
Have no/limited imaginative or pretend play? (up to age 10)					
Have difficulty interacting with peers? For example: Difficulty joining in with group activities? Difficulty initiating or maintaining conversations with their peers?					
Appear frustrated or anxious when there is an unexpected change or transition?					
Have difficulty understanding or using non-verbal communication? For example: Too little or unusual eye contact? Limited facial expressions? Difficulty reading others facial expression?					
Have difficulties using language to express their emotions? For example: Do they express their feelings non-verbally only? Do they lack the specific vocabulary to explain how they feel?					
Any other comments?					
Any other commen					

If you have ticked at least 1 'Yes' or at least 2 'Sometimes' boxes, a referral to Speech & Language Therapy may be appropriate.

If areas of need are identified these should be reflected in PEP targets with a consideration of referral to Speech and Language Therapy.