

Knowsley Social Interaction and Communication Skills Screening Tool (for parents/carers)

Name of Child:	Date of Birth:
School/Setting:	Age: Years Months
Name of person completing screening:	
Relationship to child:	Date of completion:

Brief summary of the child including particular strengths and any areas of concern:

Observed Behaviours

PLEASE INDICATE BESIDE EACH POINT, A SCORE OF 1-5?

Key: 5 All the time
4 Most of the time
3 Sometimes
2 Never
1 Not applicable e.g. not witnessed or not age appropriate

Social Interaction	5	4	3	2	1
Can the child:- understand the meaning of non verbal cues including facial expressions and body language e.g. somebody who has turned away or looks bored is not listening to them?					
understand unsaid social rules e.g. would the child usually tell another person that they are leaving the room or an activity before they leave?					
share an activity with an adult?					
share an activity with other children?					
Does the child show an ability to develop friendships?					
Does the child seek the company of other children?					
Does the child:- seek comfort or affection when upset?					
offer comfort or affection to others?					
share in others' enjoyment or pleasure?					
show different responses to different people in different situations?					
respond appropriately to praise?					
accept constructive comments related to their play / activities?					
Comments and specific details:					

Social Communication	5	4	3	2	1
Does the child:-					
respond when called by name?					
follow verbal instructions when in a 1:1 situation with family adult member?					
follow verbal instructions given by an older child?					
follow verbal instructions given to the group of children they are with?					
take turns during conversations?					
start a conversation with another child?					
start a conversation with an adult?					
maintain an appropriate conversation?					
give appropriate non-verbal signals as a listener?					
change the topic or style of conversation to suit the listener?					
appropriately change the volume and tone of voice?					
recognise and respond to non-verbal cues (e.g. a frown)?					
understand sarcasm?					
tell an imaginative story?					
retell a simple sequence of events (e.g. I went to the cupboard, I took out my toy and then I took it upstairs to my room)?					
give a simple sequence of instructions?					
relay a verbal message to another family member					

Comments and specific details:

Social imagination and flexible thinking	5	4	3	2	1
Does the child:- have varied interests?					
share interests?					
change behaviour according to the situation?					
accept changes in rules, routines or procedures?					
play imaginatively when alone?					
accept the point of view of other people?					
use learning from one situation in another similar situation (e.g. when taught to cross the road outside their home, can they use these skills to cross all roads safely)?					
plan an event or task?					
suggest possible explanations for events?					
'read' the social situation without having to be told?					

Comments and specific details:

(Please remember: This section may not be applicable to very young children except the first 4 questions)

Motor and organisational skills	5	4	3	2	1
Can the child:-					
go to the bedroom / bathroom when asked without getting distracted?					
fetch items from another room when asked without getting distracted?					
sit still at the meal table?					
sit still to watch TV?					
put clothes on in the correct order?					
put shoes on correct feet?					
find and organise equipment needed for an activity eg swimming, picnic?					
write legibly and draw accurately?					
get dressed without assistance?					
throw/catch/kick a football?					
stack blocks on top of each other?					
climb steps/stairs independently?					
walk without falling over/bumping into things?					
pick up small items off the table?					
use cutlery without help?					
hold a pencil with correct grip (age appropriate)?					

Comments and specific details:

Sensory Aspects	5	4	3	2	1
Is the child:- sensitive to noise eg. covers ears?					
sensitive to touch?					
sensitive to light?					
fussy about the feel of certain items of clothing?					
constantly moving?					
sensitive to pain?					
sensitive to smells?					
a fussy eater or eat a limited range of foods?					
Does the child:- like certain loud noises eg. vacuum cleaner, children playing loudly?					
* like messy activities?					
like to touch certain textures or objects?					
walk on their tip toes?					
over-react to injuries?					
under react to injuries?					
*feel pain?					
seek out strong smells?					
smell objects or people (at inappropriate times or in inappropriate places)?					
prefer very strong tasting foods?					
eat unusual objects?					
chew objects?					
display rocking, spinning or other repetitive behaviours?					
hurt self when upset or angry?					

Comments and specific details:

Please note any situations in which the child shows anxiety, stress or frustration (e.g. family events, outings, changes to routine etc:

Please return this form to your child's school. It will be added to the information school are compiling and used to inform and further referral that is considered necessary.

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