

Speech, Language and Communication Toolkit

Information and guidance for mainstream primary schools

Identification and Assessment






Part of the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Change Partnership
Programme across Leicester, Leicestershire and Rutland

Why Identification Matters

Under-identification of SLCN is still a prominent issue (Bercow, 2018). This section of the toolkit covers how to identify SLCN, and which tools to use.

Any procedure for identifying SEN should be stated in the school's policy, including the use of checklists or screens. It is important for all staff to have an awareness of typical SLC development and to look out for pupils who may be struggling. Remember, SLCN may not be as obvious as the effects. Pupils may have associated academic, emotional, or behavioural difficulties. There are other factors to consider when identifying SLCN:

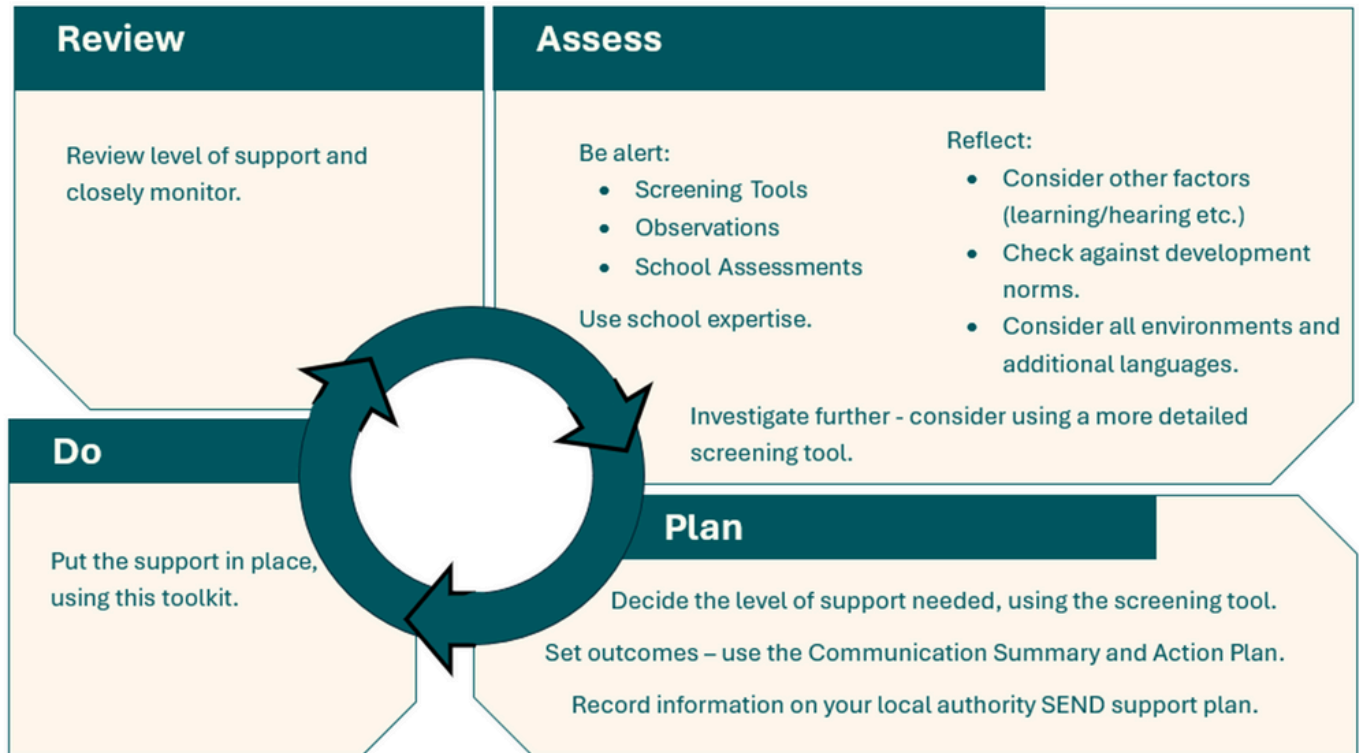
 Hearing	Hearing is critical for the development of SLC skills. Being unable to hear properly can cause difficulties with following instructions, learning vocabulary, and hearing and using sounds accurately. Some types of hearing loss can fluctuate, and you might notice a child's hearing is worse in the winter months when they are more congested. If you have any concerns with a child's hearing, (even if it seems mild or fluctuating) consider a referral to Audiology for a hearing test.
 Differences in Development	Differences in overall level of development. It is important to consider a child's developmental differences when considering SLCN. Differences with social interaction, attention/listening, memory, behaviour, and literacy can be linked with SLCN, but can also be present without.
 English as an additional language (EAL)	<p>Some estimates suggest that as much as two-thirds of the world's population speak more than one language. Speaking more than one language is a positive and beneficial skill and should be celebrated. There is no evidence to suggest that learning more than one language will delay the development of speech and language skills. In fact, learning more than one language at once can have many positive benefits for children.</p> <p>However, we know it can be difficult for schools to identify SLCN in children with EAL. It is typical for pupils to mix words from both languages (codeswitch) and initially make grammatical errors, for example with past tense. If a child is new to English, it can take up to 2 years for them to learn basic language (e.g., for daily conversations) and up to 5-7 years to develop more complex language (e.g., for academic purposes).</p>

You can support children with EAL by:

- Encourage parents to speak to their child in their home language. This builds a firm foundation for learning English at school
- Accept and praise words and phrases used in home languages and give English equivalents where appropriate
- Consider careful placement of children with EAL within the classroom, e.g. sitting next to a proficient speaker or a buddy system
- Children who are new to English may experience a short 'silent period'. Involve them in activities and comment on what they are doing. But avoid putting pressure on them to speak.

Assess, Plan, Do, Review

SEN support may be needed when a child is not making progress despite high quality teaching at universal level. The SEND Code of Practice (2014) states when a child requires SEN support, this should take the form of a four-part cycle of 'Assess-Plan-Do-Review'. This is known as the "graduated response".



Person-Centred Outcomes

The SEND Code of Practice (2014) defines an outcome as “the benefit or difference made to an individual as a result of an intervention”. It should capture what is important to the child now and how this will be important to them in the future. It is then up to all those involved to think how best to achieve this.



Children and young people often want to see improvement in the following areas:

- Friendships
- Understanding and managing emotions
- How other people talk to and treat them

Parents often value outcomes for their child when related to:

- Independence
- Social inclusion

Outcomes should be:

- Aspirational
- Unique to each child
- Relevant, functional, and meaningful
- SMART (specific, measurable, achievable, realistic and time bound).
This means progress against them can be measured
- Focused on the long-term but broken down into smaller steps

Use the second page on the screens to create your outcomes. It is important to create a plan for how and when these outcomes will be reviewed, and what your next steps will be. If you have implemented universal and targeted advice and have concerns that the child is not making any progress, you should consider a referral to the Speech and Language Therapy Service.

Screening Tools

This section contains a range of screening tools which you can use for children between the ages of 2 years- 11 years. They have been designed by the children's speech and language therapy service in LPT. The tools will help you to identify the level of support a child needs in school in line with the balanced system model

These screening tools are available in the appendices.



Once the screen is complete, use the Communication Summary and Action Plan (Appendix 7) to document outcomes and next steps.

Appendices

- [Appendix 1: 2-Year Screen](#)
- [Appendix 2: 3-Year Screen](#)
- [Appendix 3: 4-Year Screen](#)
- [Appendix 4: Key Stage 1 Screen](#)
- [Appendix 5: Key Stage 2 Screen](#)
- [Appendix 6: Year 6 Screen](#)
- [Appendix 7: Communication Summary and Action Plan](#)

Appendix 1: 2-Year Screen

	Expected Development - Provide Universal Support	✓	Provide Targeted Interventions and Monitor	✓	May Need Specialist Support - Start Targeted Support/Collecting Information for Referral	✓
Understanding	Understands lot of words and simple instructions e.g. where are your shoes? Show me your nose.		Shows little understanding of the name of familiar objects, actions and instructions e.g. where is the car?		Child is not responding to any adult language e.g. adult calling their name, naming objects (Also refer to Audiology for a hearing test).	
Use of language	Uses a range of single words and puts two words together e.g. 'more juice', 'Ben jump'.		<ul style="list-style-type: none"> Using no words or a smaller number of single words Not copying words or phrases - speak to Health Visitor about Let's Get Talking referral. 		Child has attended Let's Get Talking group and made little progress (after a period of 2-3 months post group).	
Speech	<ul style="list-style-type: none"> Child is understood by family members around 50% of the time Child often miss ends off words at this stage Sounds to expect at this stage: p, b, m, n, t, d Sounds emerging by 3 years: w, s, f, k, g 		Child is understood by main carer around 50% of the time but other family members often cannot understand.		Alongside good developing language: <ul style="list-style-type: none"> Very few of the early consonant sounds developing Child only using vowel sounds Reduced number of speech sounds 	
Social Skills	Gradually able to engage in 'pretend' play with toys (this supports the child to imagine another's point of view). Looks to others for responses which confirm, contribute to, or challenge their understanding.		<ul style="list-style-type: none"> Child avoids playing with other children Child becomes upset with routine change Child uses limited or too much eye-contact Child does not engage in symbolic or imaginative play 		Specialist support is only required if there are additional or associated difficulties with understanding and/or using language.	
Stammering / Voice / Hearing	Child is able to use fluent speech, without stammering.		Child has been stammering less than 6 months.		Child has been stammering more than 6 months.	
	Voice quality is normal - Not breathy or husky.		Any concerns - make referral.		Child has significant hoarse voice or voice loss.	
	Child is able to hear accurately.		Any concerns, refer to Audiology.		Any concerns, refer to Audiology.	

Appendix 2: 3-Year Screen

	Expected Development - Provide Universal Support	✓	Provide Targeted Interventions and Monitor	✓	May Need Specialist Support - Start Targeted Support/Collecting Information for Referral	✓
Understanding	<ul style="list-style-type: none"> Understands longer instructions such as 'make teddy jump on the chair', simple 'who, what, where' questions, and uses them. Starting to understand simple concepts such as 'big', 'little', 'in' 		Understands only simple instructions such as 'put the cup on the table', without adult support e.g. pointing or showing.		Difficulty understanding simple instructions. Needs adult support e.g. pointing and showing.	
Use of language	<ul style="list-style-type: none"> Puts 3 or more words together in a sentence Uses action words as well as nouns Beginning to use word endings e.g. 'going', 'cats' Can retell a simple past event 		<ul style="list-style-type: none"> Using sentences containing only 2-3 words e.g. 'more juice', 'mummy wash hands', and has made progress over the last 3 months. 		<ul style="list-style-type: none"> Points rather than saying words Says single words, not linking them together in sentences (no progress in 3 months) Unusual word order 	
Speech	<ul style="list-style-type: none"> Child mostly understood by familiar people Most sounds are now heard it is very common for child to have difficulty with k, g, ch, j, sh, th, r, and y, at this age. 		Child understood by familiar people some of the time. They may be less clear when excited or upset.		<ul style="list-style-type: none"> Child not understood by familiar people most of the time Child misses sounds at the start/end of words Child's vowels are unclear Only uses a small range of sounds 	
Social Skills	<ul style="list-style-type: none"> Able to initiate shared attention in their play, by bringing an item to, or looking towards an adult Able to share attention in their play Able to show interest in a range of toys/activities Able to pretend in play e.g. pretending to make teddy a drink 		<ul style="list-style-type: none"> Child plays for long periods on their own Child doesn't often respond when an adult joins their play child becomes upset with routine changes Child is repetitive with their play - repeating the same actions/playing with one toy for a long time Child does not engage in imaginative play 		Specialist support is only required if there are additional or associated difficulties with understanding and/or using language.	
Stammering / Voice / Hearing	Able to use fluent speech without stammering.		Child has been stammering less than 6 months.		Child has been stammering more than 6 months.	
	Voice quality is normal - Not breathy or husky.		Any concerns - make referral.		Child has significant hoarse voice or voice loss.	
	Child is able to hear accurately.		Any concerns, refer to Audiology.		Any concerns, refer to Audiology.	

Appendix 3: 4-Year Screen

	Expected Development - Provide Universal Support	✓	Provide Targeted Interventions and Monitor	✓	May Need Specialist Support - Start Targeted Support/Collecting Information for Referral	✓
Understanding	<ul style="list-style-type: none"> Responds appropriately to questions and instructions e.g. 'take a biscuit' and 'put your carton in the bin' Listens to and understands the gist of simple stories 		Starting to understand longer instructions. Sometimes adult support is needed.		Difficulties understanding longer instructions or understanding questions words e.g. who, what, where	
Use of language	<ul style="list-style-type: none"> Produces 5-8 word sentences. These may contain some typical errors e.g. 'I felled over', 'look at the sheeps'. Talks about own experiences and describes sequences of events. 		<ul style="list-style-type: none"> Sentences are appropriate and at least 5-6 words long, but vocabulary may be limited and grammar immature. 		<ul style="list-style-type: none"> Struggles to recall familiar words Unusual word order Unable to relate a short sequence of events Not using linking words 'and', 'but' Communication breaks down due to sentences being jumbled/echoed/repetitive 	
Speech	<ul style="list-style-type: none"> Child understood by listener unless excited or using longer/more complex sentences Some longer words can be muddled e.g. ephalant instead of elephant Use of clusters still developing e.g. bl, sp, str Harder sounds still developing e.g. ch, j, sh, y, th, r, l 		Child is occasionally not understood by unfamiliar people.		<ul style="list-style-type: none"> Child is not understood by familiar people most of the time Child misses sounds at the start/end of words Child's vowels are unclear Child only uses a small range of sounds 	
Social Skills	<ul style="list-style-type: none"> Is able to engage jointly in a motivating game or activity, which they have chosen, with a familiar adult for several minutes Is able to show awareness of peers and ability to join in with play with peers Is able to take turns appropriately during play with peers, with adult support Is able to initiate play and make friendships 		<ul style="list-style-type: none"> Child finds it difficult to join in play with other children Child finds it difficult to express their emotions Child may talk a lot without responding to the person they are talking with 		Specialist support is only required if there are additional or associated difficulties with understanding and/ or using language.	
Stammering / Voice / Hearing	Able to use fluent speech without stammering.		Child has been stammering less than 6 months.		Child has been stammering more than 6 months.	
	Voice quality is normal - Not breathy or husky.		Any concerns - make referral.		Child has significant hoarse voice or voice loss.	
	Child is able to hear accurately.		Any concerns, refer to Audiology.		Any concerns, refer to Audiology.	

Appendix 4: Key Stage 1 Screen

Expected Development - Provide Universal Support	✓	Provide Targeted Interventions and Monitor	✓	May Need Specialist Support - Start Targeted Support/Collecting Information for Referral	✓
Able to follow the majority of verbal instructions, including those with multiple steps to them.		Only follows part of an instruction, usually the beginning or end.		<ul style="list-style-type: none">Does not follow verbal instructions, relies on visual cues or watching peers.Difficulty following routine, appears unsure of what they are supposed to do.	
Processes spoken information without difficulty.		Needs time (up to 10 seconds) to process information before they can respond.		Needs extended processing time (over 10 seconds), can often forget verbal instructions.	
Able to answer a range of “wh” questions e.g., ‘who’, ‘what’, ‘where’, ‘why’, ‘when’.		Can answer simple ‘who’, ‘what’, ‘where’ and ‘when’ questions, but finds ‘how’ and ‘why’ more challenging.		Cannot answer simple questions.	
Able to make simple inferences, ‘read between the lines’, from a given context.		Struggles to understand sentences that can mean more than one thing; ‘pull your socks up’.			
Able to understand a range of early linguistic concepts related to the curriculum e.g., hard/ soft, first/ last, same/ different.		Does not understand a range of early linguistic concepts.			
Able to use sentences of 5-6 words to communicate for a range of purposes.		Has difficulty with using well-formed and longer sentences.		Uses phrases/short sentences or relies a lot on pointing/gestures to get message across.	
Able to use appropriate word order when speaking in sentences.		Occasionally misses out words or mixes up their word order.		Words are often missing or in the wrong order.	
Able to use regular past tense e.g. walked, skipped, jumped.		Some grammatical immaturities e.g. ‘slepped’, ‘mouses’.		Spoken language is key words only, with limited use of grammar.	
Able to use pronouns, he/she, his/her.					
Able to use conjunctions to make compound sentences, e.g. and, but, because.					
Able to sequence and re-tell familiar short story with visual support; can sort 3 pictures to re-tell a narrative/short sequence.		Finds it hard to make up or tell stories.		Cannot communicate a simple sequence of events.	

Appendix 4: Cont.

Vocabulary	Is able to use a range of commonly used words, e.g. food, animals, places		Child sometimes finds it difficult to 'find' words they know.		Child has a limited vocabulary, and finds it hard to learn and understand the meanings of words.	
	Is able to use a range of specific verbs, e.g. catch, ride, walk		Child over-uses general words, e.g., "thingy", "that".			
	Is able to learn and retain new curriculum vocabulary for classroom topics		Child requires adults to remind them of new curriculum vocabulary.			
Speech	Is typically understood by others.		Child may not always be understood by unfamiliar people.			
	Is able to copy all sounds apart from 'th' and 'r'		Child may have occasional difficulties with 'sh', 'ch', 'j', 'L'.			
			Child may have difficulties producing 'cluster' sounds e.g. bl, sp, gr.			
	Is able to produce all syllables in a word, e.g. "e-le-phant"		Child may find longer words with multiple syllables harder to produce.			
	Demonstrates phonological awareness through phonics.		Child demonstrates difficulties with phonological awareness.			
Social Skills	Shows awareness of peers and joins in play.		Child prefers to play or complete tasks on their own.		Specialist support is only required if there are additional or associated difficulties with understanding and/ or using language.	
	Is able to make secure friendships.					
	Is able to work collaboratively on a simple task with peers, with adult support.		Child has differences in their use and understanding of non-verbal communication e.g. body language, facial expression.			
	Uses and understands non-verbal communication to support their spoken language e.g. body language, facial expression.		Child may become anxious at transitions, or there is an unexpected change to their routine.			
	Manage transitions or unexpected changes in their routine.		Child finds it difficult to start, join in and maintain conversations.			
	Starts, joins in and maintains conversations.					
Voice, Fluency EAL, Hearing	Voice quality is normal – not breathy or husky .		Any concerns- make referral.		Child has a significantly hoarse voice, voice loss, or an inability to change their pitch or volume.	
	Uses fluent speech, without stammering.		Child has been stammering less than 6 months.		Child has been stammering for over 6 months.	
	If EAL, is reported to understand and speak in their home language appropriately.				Concerns with use of language in English and in home language.	
	Is able to hear accurately.		Any concerns, refer to Audiology.		Concerns regarding hearing (refer to Audiology).	

Appendix 5: Key Stage 2 Screen

	Expected Development - Provide Universal Support		Provide Targeted Interventions and Monitor		May Need Specialist Support - Start Targeted Support/Collecting Information for Referral	
Understanding	Able to follow the majority of verbal instructions, including those with multiple steps to them.		Only follows part of an instruction, usually the beginning or end.		<ul style="list-style-type: none"> Does not follow verbal instructions, relies on visual cues or watching peers. Difficulty following routine, appears unsure of what they are supposed to do. 	
	Processes spoken information without difficulty.		Needs time (up to 10 seconds) to process information before they can respond.		Needs extended processing time (over 10 seconds), can often forget verbal instructions.	
	Able to answer a range of "wh" questions e.g., 'who', 'what', 'where', 'why', 'when'.		Can answer simple 'who', 'what', 'where' and 'when' questions, but finds 'how' and 'why' more challenging.		Cannot answer simple questions.	
	Able to make simple inferences, 'read between the lines', from a given context.		Struggles to understand sentences that can mean more than one thing; 'pull your socks up'.			
	Able to understand a range of early linguistic concepts related to the curriculum e.g., hard/ soft, first/ last, same/ different.		Does not understand a range of early linguistic concepts.			
	Able to use sentences of 5-6 words to communicate for a range of purposes.		Has difficulty with using well-formed and longer sentences.		Uses phrases/short sentences or relies a lot on pointing/gestures to get message across.	
Use of language	Able to use appropriate word order when speaking in sentences.		Occasionally misses out words or mixes up their word order.		Words are often missing or in the wrong order.	
	Able to use regular past tense e.g. walked, skipped, jumped.		Some grammatical immaturities e.g. 'sleaped', 'mouses'.		Spoken language is key words only, with limited use of grammar.	

Appendix 5: Cont.

Vocabulary	Is able to use a range of commonly used words, e.g. food, animals, places		Child sometimes finds it difficult to 'find' words they know.		Child has a limited vocabulary, and finds it hard to learn and understand the meanings of words.	
	Is able to use a range of specific verbs, e.g. catch, ride, walk		Child over-uses general words, e.g., "thingy", "that".			
	Is able to learn and retain new curriculum vocabulary for classroom topics		Child requires adults to remind them of new curriculum vocabulary.			
Speech	Is typically understood by others.		Child may not always be understood by unfamiliar people.			
	Is able to copy all sounds apart from 'th' and 'r'		Child may have occasional difficulties with 'sh', 'ch', 'j', 'L'.			
			Child may have difficulties producing 'cluster' sounds e.g. bl, sp, gr.			
	Is able to produce all syllables in a word, e.g. "e-le-phant"		Child may find longer words with multiple syllables harder to produce.			
	Demonstrates phonological awareness through phonics.		Child demonstrates difficulties with phonological awareness.			
Social Skills	Shows awareness of peers and joins in play.		Child prefers to play or complete tasks on their own.		Specialist support is only required if there are additional or associated difficulties with understanding and/ or using language.	
	Is able to make secure friendships.					
	Is able to work collaboratively on a simple task with peers, with adult support.					
	Uses and understands non-verbal communication to support their spoken language e.g. body language, facial expression.		Child has differences in their use and understanding of non-verbal communication e.g. body language, facial expression.			
	Manage transitions or unexpected changes in their routine.		Child may become anxious at transitions, or there is an unexpected change to their routine.			
	Starts, joins in and maintains conversations.		Child finds it difficult to start, join in and maintain conversations.			
Voice, Fluency EAL, Hearing	Voice quality is normal – not breathy or husky .		Any concerns- make referral.		Child has a significantly hoarse voice, voice loss, or an inability to change their pitch or volume.	
	Uses fluent speech, without stammering.		Child has been stammering less than 6 months.		Child has been stammering for over 6 months.	
	If EAL, is reported to understand and speak in their home language appropriately.				Concerns with use of language in English and in home language.	
	Is able to hear accurately.		Any concerns, refer to Audiology.		Concerns regarding hearing (refer to Audiology).	

Appendix 6: Year 6 Screen

Vocabulary	Is able to use a range of commonly used words, e.g. food, animals, places		Child sometimes finds it difficult to 'find' words they know.		Child has a limited vocabulary, and finds it hard to learn and understand the meanings of words.	
	Is able to use a range of specific verbs, e.g. catch, ride, walk		Child over-uses general words, e.g., "thingy", "that".			
	Is able to learn and retain new curriculum vocabulary for classroom topics		Child requires adults to remind them of new curriculum vocabulary.			
Speech	Is typically understood by others.		Child may not always be understood by unfamiliar people.			
	Is able to copy all sounds apart from 'th' and 'r'		Child may have occasional difficulties with 'sh', 'ch', 'j', 'L'.			
			Child may have difficulties producing 'cluster' sounds e.g. bl, sp, gr.			
	Is able to produce all syllables in a word, e.g. "e-le-phant"		Child may find longer words with multiple syllables harder to produce.			
	Demonstrates phonological awareness through phonics.		Child demonstrates difficulties with phonological awareness.			
Social Skills	Shows awareness of peers and joins in play.		Child prefers to play or complete tasks on their own.		Specialist support is only required if there are additional or associated difficulties with understanding and/ or using language.	
	Is able to make secure friendships.					
	Is able to work collaboratively on a simple task with peers, with adult support.					
	Uses and understands non-verbal communication to support their spoken language e.g. body language, facial expression.		Child has differences in their use and understanding of non-verbal communication e.g. body language, facial expression.			
	Manage transitions or unexpected changes in their routine.		Child may become anxious at transitions, or there is an unexpected change to their routine.			
	Starts, joins in and maintains conversations.		Child finds it difficult to start, join in and maintain conversations.			
Voice, Fluency EAL, Hearing	Voice quality is normal – not breathy or husky .		Any concerns- make referral.		Child has a significantly hoarse voice, voice loss, or an inability to change their pitch or volume.	
	Uses fluent speech, without stammering.		Child has been stammering less than 6 months.		Child has been stammering for over 6 months.	
	If EAL, is reported to understand and speak in their home language appropriately.				Concerns with use of language in English and in home language.	
	Is able to hear accurately.		Any concerns, refer to Audiology.		Concerns regarding hearing (refer to Audiology).	

Appendix 6: Cont.

Vocabulary	Is able to use a range of commonly used words, e.g. food, animals, places		Child sometimes finds it difficult to 'find' words they know.		Child has a limited vocabulary, and finds it hard to learn and understand the meanings of words.	
	Is able to use a range of specific verbs, e.g. catch, ride, walk		Child over-uses general words, e.g., "thingy", "that".			
	Is able to learn and retain new curriculum vocabulary for classroom topics		Child requires adults to remind them of new curriculum vocabulary.			
Speech	Is typically understood by others.		Child may not always be understood by unfamiliar people.			
	Is able to copy all sounds apart from 'th' and 'r'		Child may have occasional difficulties with 'sh', 'ch', 'j', 'L'.			
			Child may have difficulties producing 'cluster' sounds e.g. bl, sp, gr.			
	Is able to produce all syllables in a word, e.g. "e-le-phant"		Child may find longer words with multiple syllables harder to produce.			
	Demonstrates phonological awareness through phonics.		Child demonstrates difficulties with phonological awareness.			
Social Skills	Shows awareness of peers and joins in play.		Child prefers to play or complete tasks on their own.		Specialist support is only required if there are additional or associated difficulties with understanding and/ or using language.	
	Is able to make secure friendships.					
	Is able to work collaboratively on a simple task with peers, with adult support.		Child has differences in their use and understanding of non-verbal communication e.g. body language, facial expression.			
	Uses and understands non-verbal communication to support their spoken language e.g. body language, facial expression.					
	Manage transitions or unexpected changes in their routine.		Child may become anxious at transitions, or there is an unexpected change to their routine.			
	Starts, joins in and maintains conversations.		Child finds it difficult to start, join in and maintain conversations.			
Voice, Fluency EAL, Hearing	Voice quality is normal – not breathy or husky .		Any concerns- make referral.		Child has a significantly hoarse voice, voice loss, or an inability to change their pitch or volume.	
	Uses fluent speech, without stammering.		Child has been stammering less than 6 months.		Child has been stammering for over 6 months.	
	If EAL, is reported to understand and speak in their home language appropriately.				Concerns with use of language in English and in home language.	
	Is able to hear accurately.		Any concerns, refer to Audiology.		Concerns regarding hearing (refer to Audiology).	

Appendix 7: Communication Summary and Action Plan

Childs Name:	Date:
Which speech, language and communication skills are green?	
Which speech, language and communication skills are amber?	
Which speech, language and communication skills are red?	
Targets:	
The targets will be reviewed on:	
If the child is making no/ limited progress towards these targets, my next steps are:	