

Speech, language, communication and neuro-disability screening tool

The YJB have consulted with the Royal College for Speech and Language Therapists (RCSLT) and the YJ Speech and Language Therapists network (a group of Speech and Language Therapists that work directly in YOTs or secure establishments) and the Offender Health Research Network (authors of the Comprehensive Health Assessment Tool) in order to provide this screening tool for the AssetPlus framework.

The screening tool below should be self explanatory but you will need to familiarise yourself with the supporting guidance in order to better understand what is being asked.

Young person's name:

Date of birth:

Date of completion:

Does the child or young person you are assessing:

Speaking

	Yes	No	Sometimes
Have difficulty thinking of the words he/she wants to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only use very simple vocabulary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulties explaining things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is their speech difficult to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Understanding spoken language

	Yes	No	Sometimes
Have difficulty remembering things people say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty following spoken instructions or only follow part of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty understanding the meaning of words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-verbal

	Yes	No	Sometimes
Have difficulty using non-verbal communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulties showing emotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social skills difficulties (inc Autistic Spectrum Disorders)

	Yes	No	Sometimes
Have difficulties initiating and/or maintaining friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is socially awkward and inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear frustrated or anxious when there is no obvious cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty thinking about the thoughts/feelings of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes **No** **Yet to clarify**

Has been diagnosed with social communication difficulties?

Has a professional/ family member expressed concerns about social communication skills?

Education needs & Learning Disability **Yes** **No** **Sometimes**

Have problems with reading or writing?

Have difficulties with time concepts?

Needs support in daily living skills?

Yes **No** **Yet to clarify**

Have any Special Educational Needs been identified? *

***Further exploration** - please provide details of special educational needs here if the above question is answered "Yes": Tick the 'Identified SEN' and related 'Response', entering details of any 'Other'.

Responses to identified SEN

<u>Identified SEN</u>	Statement of SEN	Learning Difficulty Assessment	Education, Health and Care Plan	Other (please specify)
Specific Learning Difficulty (SpLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Learning Difficulty (MLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Learning Difficulty (SLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profound and Multiple Learning Difficulty (PMLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour, Emotional and Social Difficulty (BESD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech, Language and Communication Needs (SLCN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment (VI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment (HI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Sensory Impairment (MSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability (PD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes

No

Yet to clarify

Has a professional/ family member expressed concerns about learning needs?

Traumatic Brain Injury

Yes

No

Yet to clarify

Head injury that caused him/her to be knocked out or dazed or confused?

Further exploration:

Please provide as much detail as possible here: e.g. is there something unusual about the way the individual communicates? Please give examples, such as 'difficult to have a conversation with them/fixed smile/reluctant to talk'.