

Student _____ Date of Birth ____/____/____ Age ____

Rater: Teacher Parent/Carer Student Clinician _____

Directions: The following statements describe communication problems that some students have. Tick the box beneath the appropriate heading (**Never, Sometimes, Often** or **Always**) that best describes how often each behaviour happens.

Listening

This Happens: *Never* *Sometimes* *Often* *Always* T P S

1. Has trouble paying attention.							
2. Has trouble following spoken directions.							
3. Has trouble remembering things people say.							
4. Has trouble understanding what people are saying.							
5. Has to ask people to repeat what they have said.							
6. Has trouble understanding the meanings of words.							
7. Has trouble understanding new ideas.							
8. Has trouble looking at people when talking or listening.							
9. Has trouble understanding facial expressions, gestures or body language.							

Speaking

10. Has trouble answering questions people ask.							
11. Has trouble answering questions as quickly as other students.							
12. Has trouble asking for help when needed.							
13. Has trouble asking questions.							
14. Has trouble using a variety of vocabulary words when talking.							
15. Has trouble thinking of (finding) the right word to say.							
16. Has trouble expressing thoughts.							
17. Has trouble describing things to people.							
18. Has trouble staying on the subject when talking.							
19. Has trouble getting to the point when talking.							
20. Has trouble putting events in the right order when telling stories or talking about things that happened.							
21. Uses poor grammar when talking.							
22. Has trouble using complete sentences when talking.							
23. Talks in short, choppy sentences.							
24. Has trouble expanding an answer or providing details when talking.							

Continued on back.

Speaking

This Happens: *Never* *Sometimes* *Often* *Always* T P S

25. Has trouble having a conversation with someone.								
26. Has trouble talking with a group of people.								
27. Has trouble saying something another way when someone doesn't understand.								
28. Gets upset when people don't understand.								

Note to Teachers of 5-, 6- and 7-year-olds: Circle "Not Applicable" for any sentence in the next two sections that describes something the student is not expected to do yet at his or her age level.

Reading

This Happens: NA *Never* *Sometimes* *Often* *Always* T P S

29. Has trouble sounding out words when reading.								
30. Has trouble understanding what was read.								
31. Has trouble explaining what was read.								
32. Has trouble identifying the main idea.								
33. Has trouble remembering details.								
34. Has trouble following written directions.								

Writing

35. Has trouble writing down thoughts.								
36. Uses poor grammar when writing.								
37. Has trouble writing complete sentences.								
38. Writes short, choppy sentences.								
39. Has trouble expanding an answer or providing details when writing.								
40. Has trouble putting words in the right order when writing sentences.								

Now choose the problems that concern you the most by circling the numbers preceding the sentences.

Please list any other problems that you have observed or concerns that you have about the student's listening, speaking, reading and writing skills and rate them (Never, Sometimes, Often or Always).

_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Please return this form to _____ by _____ *Thank You!*

For Clinician Only: Compile ratings by the Teacher, Parent and Student for each behaviour in the T, P and S columns.


