Bromley Healthcare
community first

THE LONDON BOROUGH
www.bromley.gov.uk

# Social and Communication Difficulties Questionnaire

**Do you have parental permission to complete this questionnaire?** Yes ☐ No ☐

Parent/Carer's signature: _____

Are the parents/carers aware that this information will be sent to the Consultant Paediatricians at the Bromley Care Trust for use in making a diagnosis? Yes ☐ No ☐

**Pupil's Details**

Name:

Date of Birth:

School Year Group:

N.C. Levels:

(Please indicate expected levels of attainment for the pupils' age group beside the score for each curriculum area)

Test used and date:

Reading age:

Reading Comprehension age:

Spelling age:

**Name and Address of Pupil's GP** (Bromley Complex Communication Diagnostic Service (CCDS) can only accept referrals where the family have a Bromley GP)

**Parents/Carers Details (Please indicate to whom correspondence should be addressed)**

Name(s) and relationship to child:

Address:

Contact Tel No: Home: Mobile:

Email address:

**School Details**

Name:

Address:

Tel No:

Contact name/ SENCO

**Referral Approval**

I can confirm that a referral to the Complex Communication Diagnostic Service is approved by the Advisory Teacher, Social Communication Difficulties Service (SCDS) **or** Educational Psychologist:

| | | |
|---|---|---|
| Signed: | | (Advisory Teacher,SCDS or EP) |

**A1** **Speech** (please comment)

(a) Intonation

(b) Volume

(c) Rate

(d) Clarity

**Rating**

**Not True** 1 → 5 **Certainly True**

| | Rating 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **A2 Conversation** | | | | | |
| Tends to go off at tangents. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Does not provide links for listener to follow. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Makes irrelevant comments. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Can appear rude/abrupt/tactless. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talks at excessive length about areas of special interest. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Difficult to engage in conversation and unresponsive to social approaches. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **A3 Non Verbal Communication** | | | | | |
| Poor at using facial expressions or gestures to convey feelings. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Poor at reading other people's facial expressions, gestures and body language. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Struggles to understand idioms. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **A4 Understanding of Language** | | | | | |
| Shows literal interpretation of language e.g. 'pull your socks up'. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has difficulty understanding inference. | ☐ | ☐ | ☐ | ☐ | ☐ |

**B1 Friendships**

| | | | | | |
|---|---|---|---|---|---|
| Has difficulty making and maintaining friendships. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Prefers to be on the edge of groups. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Likes to be in control and gets upset if others do not follow rules. | ☐ | ☐ | ☐ | ☐ | ☐ |

**B2 Awareness of other people**

| | | | | | |
|---|---|---|---|---|---|
| Unaware of others' feelings. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has difficulty understanding humour. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tends not to pick up on the subtleties of peer culture. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Uses eye contact inappropriately. | ☐ | ☐ | ☐ | ☐ | ☐ |

**B3 Interaction**

How does he/she respond:

(1) in 1:1 situations

(2) in small group work

(3) in whole class discussions

(4) in large groups e.g. assembly and on the playground.

| | | Rating<br>Not True → Certainly True<br>1 → 5 | | | | |
|---|---|---|---|---|---|---|
| | | **Rating** | | | | |
| | | **1** | **2** | **3** | **4** | **5** |
| **C1** | **Sensory Issues** | | | | | |
| | Unusual reactions e.g. to noise, smell, touch | ☐ | ☐ | ☐ | ☐ | ☐ |
| **C2** | **Adaptability** | | | | | |
| | Becomes anxious if there are unexpected changes. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Finds difficulty generalising skills or knowledge from one context to another. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Prefers to follow familiar routines. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Does not find traditional rewards motivating/poorly motivated. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Has difficulty making transitions from one activity or setting to another. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **C3** | **Interests and Play Skills** | | | | | |
| | Has an overriding/obsessive interest in a topic/object/person. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Displays repetitive patterns of play. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Displays repetitive patterns of behaviour e.g. flicking light switch/or mannerisms. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Able to engage in imaginative games or activities. | ☐ | ☐ | ☐ | ☐ | ☐ |

**D1 What areas of school life does he/she enjoy?**

**D2 What areas of school life does he/she participate most appropriately in?**

**D3 What areas of school life does he/she find most challenging?**

**D4 What are the key areas in which abilities differ from those of his/her peers?**

**Any other comments**

**Name:** **Signature:** **Date:**

**Role:**

**Please scan and email your completed questionnaire to bromh.cypqueries@nhs.net**