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| **Primary Age Communication Supportive Environment Checklist** | | | | | | |
| *A Communication Supportive Environment Audit was completed in XXXX, by XXX XXX, Speech and Language Therapist (SLT) and/or XXX XXX, Special Educational Needs Coordinator (SENCo).*  *Please see below for a summary of what is working well and steps for development.*  *For further support and information, please liaise with the SLT and/or SENCO.* | | | | | | |
| **RAG Rating Key** | **Green:** strategy consistently & confidently used  **Amber**: evidence of strategy use  **Red:** no evidence of strategy at this time | | | | | |
|  | | | | | | |
| **Classroom Organisation** | | | | | | |
| ***Area*** | | | ***RAG*** | ***What’s working well…*** | | ***Even Better If…*** |
| *Demarcated displays on display boards only* | | |  |  | |  |
| *Space for children to move around the classroom*  *(N.B. Areas for both learning and well-being)* | | |  |  | |  |
| *Labelling of equipment in designated areas*  *(N.B. Is this consistent around the classroom, are the labels appropriate)* | | |  |  | |  |
| *Cataloguing of book corners* | | |  |  | |  |
| *Organised areas*  *(N.B. Are resources easily located, do those available have a clear purpose)* | | |  |  | |  |
| *Displays and resources represent the culture of the local school and community* | | |  |  | |  |
| *Table Layout*  *(N.B How big are tables, can the board, teacher and displays be seen, are the opportunities to change the layout)* | | |  |  | |  |
| *Access to Learning*  *(N.B how are children grouped, are resources available to facilitate/support learning)* | | |  |  | |  |
| **Use of Visuals** | | | | | | |
| ***Area*** | | | ***RAG*** | ***What’s working well…*** | | ***Even Better If…*** |
| *Displays have a clear purpose, are used and referred to* | | |  |  | |  |
| *Visuals have a clear purpose, are used and referred to* | | |  |  | |  |
| *Language is visually presented*  *e.g. instructions, questions, vocab, target sentences* | | |  |  | |  |
| *Classroom rules are displayed & referred to* | | |  |  | |  |
| **Adult’s Use of Language** | | | | | | |
| ***Adult Language*** | | | ***RAG*** | ***What’s working well…*** | | ***Even Better If…*** |
| *Staff delivery of information is suitable e.g. time, language, complexity and amount* | | |  |  | |  |
| *Expected language and non-verbal communication skills are modelled* | | |  |  | |  |
| *Topic and complex vocabulary are directly taught e.g. topic, emotions, feelings* | | |  |  | |  |
| *Staff demonstrate understanding of typical development and ask questions/give feedback appropriately* | | |  |  | |  |
| *Staff check for understanding and give specific praise and accurate feedback* | | |  |  | |  |
| ***Peer Interactions*** | | | | | | |
| ***Peer interactions*** | | | ***RAG*** | ***What’s working well…*** | | ***Even Better If…*** |
| *Opportunities are available for scaffolding within peer interactions in pair and group work* | | |  |  | |  |
| *Opportunities for developing social communication skills, emotional health and wellbeing are available* | | |  |  | |  |
|  | | | | | | |
| **Further examples of good practise** | | |  | | | |
| **Further comments and/or suggestions** | | |  | | | |
| **Agreed Actions and Timeframe for Completion** | | | | | | |
| **Agreed Action** | | **Person(s) Responsible** | | | **Completion Date** | |
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| *The Communication Supportive Environment Audit will be reviewed by XXX XXX, Speech and Language Therapist (SLT) and/or XXX XXX, Special Educational Needs Coordinator (SENCo) on XX/XX/XXXX.* | | | | | | |