

**SPEECH AND LANGUAGE
THERAPY REQUEST FOR SUPPORT FORM**

IN/C MAINSTREAM NURSERY CHILDREN

Note for ALL Schools:

- This form is to be completed prior to discussion with School's link SALT.
- Please email an electronic version of this form to your Link or Enhanced SALT
- SALT.Referrals@nca.nhs.uk can be used for out of area schools and by health professionals.
- Families will then be contacted directly regarding an appointment for assessment.

School:

Link/Enhanced SALT:

Date RfS Discussed with Link/Enhanced SALT:

Child's First Name (s)	List other Professionals involved (provide name if known)	
Surname:		
NHS Number:	<input type="checkbox"/> Audiology <input type="checkbox"/> Educational Psychology <input type="checkbox"/> Paediatrician <input type="checkbox"/> ENT <input type="checkbox"/> Family support Worker <input type="checkbox"/> School Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Other <input type="checkbox"/> Neurodevelopmental pathway referral	
DOB: 20/07/2021 Sex: M/F		
Address:		
Postcode:		
Tel No:		
Alternative No's:		
GP:		
Hearing Test Results (if applicable, with Date):		
	Cared for Child	YES / NO
Year group/class: Nursery	Known to Social services	YES / NO
	Family Assessment Completed?	YES/NO/NA
Has the child got a diagnosis/ relevant medical history? YES/NO If yes, please state:		
Has the child been known to SALT previously? Has the child received input from Enhanced / Independent Speech and Language Therapist? (Please name if known)		

English As An Additional Language (EAL)

Languages spoken at home?

Interpreter needed for child/parent/carer? (please specify for who)

Yes ☐ No ☐

How long has the child been exposed to English?

Do parents / carers feel that there is a problem in the child's home language?

(We do not accept referrals for children who have been exposed to a rich English speaking environment for less than 12 months, unless there is a recognised difficulty in the child's first language).

Please refer to the age-related norms at www.talkingpoint.org.uk and describe the child's difficulties in each area, providing as much detail as possible and including relevant examples. State NONE if not a concern.

COMPREHENSION

Difficulties understanding what is said and following instructions Yes ☐ No ☐

If yes, please describe:

EXPRESSIVE LANGUAGE

Difficulties expressing him / herself using appropriate vocabulary and sentences Yes ☐ No ☐

If yes, please describe:

SPEECH CLARITY

Difficulties using clear speech appropriate to age Yes ☐ No ☐

If yes, please complete:

Cat		Man	
Fish		Table	
Lion		Sauce	
Blue		Green	
Spider		Chips	

SOCIAL INTERACTION

Difficulties interacting appropriately with Peers and adults verbally and non-verbally Yes ☐ No ☐

If yes, please describe:

FLUENCY SPEECH / STAMMERING

Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds Yes ☐ No ☐

If yes, please describe:

VOICE

Unusually hoarse / croaky voice / loud / Quiet voice Yes ☐ No ☐

If yes, please describe:

OTHER <i>E.G. Child's Play Skills, behaviour, self-help, attention and listening skills:</i> As above	IN SUMMARY GENERAL DEVELOPMENT covering all areas <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Below Average</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Average</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Above Average</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Below Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Above Average	<input type="checkbox"/>
Below Average	<input type="checkbox"/>						
Average	<input type="checkbox"/>						
Above Average	<input type="checkbox"/>						
DOES THIS CHILD'S ABILITY TO COMMUNICATE DIFFER FROM HIS / HER ABILITIES IN OTHER AREAS? <i>(If over 7 years of age, please include evidence of a child's non-verbal abilities or abilities within other academic areas)</i> Ava is not yet working at age related expectations, this is in all areas.							

What specific strategies have you used to develop the child's speech / language / communication skills? Please also include a copy of the child's latest WellComm results/Play Plan / Intervention targets.		
1:1	Group	Whole Class

What do you hope to gain from this referral? School: Parents: Child / Young Person: <i>(if appropriate)</i>

In summary, what are your main concerns for this child? (Please tick)			
Speech / Language / Communication	<input type="checkbox"/>	Cognitive Skills	<input type="checkbox"/>
General Development	<input type="checkbox"/>	Literacy	<input type="checkbox"/>
Social / Emotional	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Self Help Strategies	<input type="checkbox"/>		<input type="checkbox"/>

CONSENT

Referrer's Details

Name:

Contact Tel No:

Contact Address:

Email Address:

Copy of Appointment letter to be sent to SENCO?

YES/NO

Parental concerns/comments:

Parental consent:

Date:

Referrer's Signature:

Print:

Link SALT's Signature:

Print:

PLEASE EMAIL COMPLETED FORM TO LINK / ENHANCED SALT

(SALT.Referrals@nca.nhs.uk can be used by out of area schools and health professionals)