

**(SLT Admin Purposes Only)**

Date received:

[Click here to enter a date.](#)

Chronological Age:

[Click here to enter text.](#)

Route:

[Choose an item.](#)**SPEECH AND LANGUAGE THERAPY****REQUEST FOR SPEECH, LANGUAGE AND COMMUNICATION  
(SLC) SUPPORT  
FOR CHILDREN NOT YET ATTENDING SCHOOL SETTINGS**Northern Care Alliance  
NHS Foundation Trust

|  |  |  |
|--|--|--|
| <b>Patient Surname:</b>  | <a href="#">Click here to enter text.</a>  |  |
| <b>Patient First Name:</b>   | <a href="#">Click here to enter text.</a>  |  |
| <b>Date of Birth:</b>  | <a href="#">Click here to enter text.</a>  |  |
| <b>Sex:</b>  | <a href="#">Click here to enter text.</a>  |  |
| <b>NHS Number:</b>   | <a href="#">Click here to enter text.</a>  |  |
| <b>Ethnicity:</b>  | <a href="#">Choose an item.</a>  |  |
| <b>Religion:</b>   | <a href="#">Choose an item.</a>  |  |
| <b>Address :</b>   | <a href="#">Click here to enter text.</a>  |  |
| <b>Date of Request for Support:</b>  | <a href="#">Click here to enter a date.</a>  |  |
| <b>Referred By:</b><br>Name:<br>Designation:<br>Department:<br>Other:<br>Contact Address:<br>Contact Number:<br>Email Address:<br>Team / Setting Email Address:  | <a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a> |  |
| <b>GP:</b>   | <a href="#">Click here to enter text.</a>  |  |
| <b>Next of Kin</b><br>Name:<br>Relationship to Patient:<br>Home Telephone:<br>Mobile Telephone:<br>Other Telephone:  | <a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a><br><a href="#">Click here to enter text.</a>  |  |
| <b>Nursery</b><br>Nursery:<br>Other:   | <a href="#">Choose an item.</a><br><a href="#">Click here to enter text.</a>   |  |
| <b>Special Communication / Access Requirements:</b><br>Do any reasonable adjustments need to be made for the family?<br><br>Interpreter Required:<br>Language:<br>If other:<br><br>Correspondence regarding this request to be copied to yourself? | (Please give specific requirements)<br><a href="#">Click here to enter text.</a><br><br><a href="#">Choose an item.</a><br><a href="#">Choose an item.</a><br><a href="#">Click here to enter text.</a><br><br>Invite letter to book appointment? <a href="#">Choose an item.</a><br>Appointment confirmation letter? <a href="#">Choose an item.</a>                |  |
| <b>Do parents / carers feel that there is a problem in the child's home language?</b>  | <a href="#">Click here to enter text.</a>  |  |

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| <b>Other professionals involved:<br/>(provide name if known)</b><br>Audiology:<br>Date and result of recent hearing test:<br>Consultant Paediatrician:<br>Starting Life Well/Early Help Practitioner:<br>ENT:<br>Other:  | <b>Please provide relevant reports and/or assessments if applicable</b><br><br>Choose an item.      Click here to enter text.<br>Click here to enter text.<br>Choose an item.      Click here to enter text.<br>Choose an item.      Click here to enter text.<br>Choose an item.      Click here to enter text. |
| <b>Involvement from Social Services:</b><br>If Yes, threshold of need:<br><br><b>Looked After Child:</b>   | Choose an item.<br>Choose an item.<br><br>Choose an item.<br>Click here to enter text.   |
| <b>Results:</b><br><b>ASQ3 Communication (0-19 team):</b><br><br><b>ASQ SE (0-19 and EHP):</b>   | Choose an item.  |
|  | Choose an item.  |
| <b>Most recent WellComm:</b><br><b>(0-19; EHP; settings where in use)</b><br>Non-health practitioners: please attach Well Comm Score sheet.  | Choose an item.  |
| <b>What strategies/interventions, e.g. WellComm activities, have you used or advised on to develop the child's speech / language / communication skills?</b><br>Please include a copy of the child's latest Play Plan / Intervention targets where applicable. |  |
| <b>Has this child previously had support from the Speech and Language Therapy Department? (If yes, please state what this was).</b>  |  |
| <b>What do you hope to gain from this request for support?</b>   | Choose an item.  |

**PLEASE COMPLETE THE FOLLOWING SECTIONS (page 3) IF THE CHILD:**

- SCORED BLACK ON ASQ
- RED ON WELLCOMM
- OR IF YOU HAVE ADDITIONAL INFORMATION THAT WOULD SUPPORT A REQUEST FOR AN ASSESSMENT BY A SPEECH AND LANGUAGE THERAPIST

Please refer to the age-related norms at [speechandlanguage.org.uk/help-for-families/ages-and-stages](http://speechandlanguage.org.uk/help-for-families/ages-and-stages) and describe the child's difficulties in each area, providing as much detail as possible and including relevant examples.

|  |  |
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| <b>COMPREHENSION</b><br>Difficulties understanding what is said and following instructions.<br><i>If yes, please describe</i>  | Choose an item.<br>Click here to enter text. |
| <b>EXPRESSIVE LANGUAGE</b><br>Difficulties expressing him / herself using appropriate vocabulary and sentences<br><i>If yes, please describe</i>                         | Choose an item.<br>Click here to enter text. |
| <b>SPEECH CLARITY</b><br>Difficulties using clear speech appropriate to age<br><i>If yes, please describe</i>  | Choose an item.<br>Click here to enter text. |
| <b>SOCIAL INTERACTION</b><br>Difficulties interacting appropriately with peers and adults verbally and non-verbally<br><i>If yes, please describe</i>                    | Choose an item.<br>Click here to enter text. |
| <b>FLUENCY SPEECH / STAMMERING</b><br>Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds<br><i>If yes, please describe</i> | Choose an item.<br>Click here to enter text. |
| <b>GENERAL DEVELOPMENT / OTHER</b><br>e.g. Childs Play Skills, behaviour, attention and listening skills   | Click here to enter text.                    |

#### CHECKLIST

|  | Yes                      | N/A                      |
|--|--------------------------|--------------------------|
| Have all sections been completed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has verbal consent for the request for support been obtained from parent / carers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you included copies of relevant reports?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you included a copy of the EYFS tracker if applicable?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you included copies of all Play Plan targets where applicable?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you included a copy of the WellComm results/score sheet if applicable?        | <input type="checkbox"/> | <input type="checkbox"/> |

#### For admin use;

|                                    |  |
|------------------------------------|--|
| <b>Decision:</b> Accepted          | <b>Appointment type:</b> EYs IA <input type="checkbox"/> Talking Tots <input type="checkbox"/> |
| <b>Triaged</b><br><b>Diagnosis</b> | <b>by:</b><br><b>Code:</b>   |
| <b>Decision:</b> Declined          | <b>SLT:</b> Email sent <input type="checkbox"/> <b>Admin:</b> Add to EPR                       |