

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 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: Sex: M / F		
Address:		
Postcode:		
Tel No:		
Alternative No's:		
GP:		<i>Please include relevant reports / assessments from school or other professionals.</i>
Hearing Test Results (if applicable, with Date):		
Year group/class:	Cared for Child	YES / NO
	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

VOICE

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

OTHER

E.G. Child's Play Skills, behaviour, self-help, attention and listening skills:

IN SUMMARY GENERAL DEVELOPMENT covering all areas

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?

(If over 7 years of age, please include evidence of a child's non-verbal abilities or abilities within other academic 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

Discussion between Referrer and Patient / Carer

	<i>NONE</i>					<i>SIGNIFICANT</i>
What do you hope to gain from this referral?						
Level of Parental Concern	0	1	2	3	4	5
School						
Level of Referrer Concern	0	1	2	3	4	5

Parents:

Child / Young Person:
(if appropriate)

In summary, what are your main concerns for this child?

(Please tick)

Speech / Language / Communication		Cognitive Skills	
General Development		Literacy	
Social / Emotional		Behaviour	
Self Help Strategies			

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)