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|  **REQUEST FOR SUPPORT FROM SPEECH AND LANGUAGE**  **THERAPY****INC MAINSTREAM NURSERY CHILDREN****Note for ALL Schools:** * **This form is to be completed prior to discussion with School’s link SLT**
* **Please email an electronic version of this form to:** **SALT.Referrals@srft.nhs.uk**
* **Families will then be contacted directly regarding an appointment for assessment.**

**School:****Link SLT:** **Date RfS Discussed with Link SLT:** |  |
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| **Child’s First Name (s):** | **List other Professionals involved****(provide name if known)** |
| **Surname:** |
| **NHS Number:** | ☐ | **Audiology** |  |
| **DOB** | **Sex:** | M / F | ☐ | **Educational Psychology** |  |
| **Address:** | ☐ | **Paediatrician** |  |
| ☐ | **ENT** |  |
| ☐ | **Family support Worker** |  |
| **Postcode:** | ☐ | **School Nurse** |  |
| **Tel No:** | ☐ | **Occupational Therapist** |  |
| **Alternative No’s:** | ☐ | **Physiotherapist** |  |
| ☐ | **Other** |  |
| **GP:** | ***Please include relevant reports / assessments*** |
| **Family Assessment Completed** | YES / NO/ NA |
| **Language spoken at Home:** | **LAC** | YES / NO |
| **Interpreter Needed:** | YES / NO | **Known to Social services** | YES / NO |
|  | **Previous referral to SLT:** | YES / NO/ Not Known |
| **Year group:** |  |  |
| **Has the child received input from Enhanced / Independent Speech and Language Therapist? (Please name if known)** |
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| **Copy of Appointment letter to be sent to SENCO** | ☐ |

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| **SENCOs Details** |
| **Name:** | **Contact Tel No:** |
| **Contact Address:** | **Email Address:** |
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| **Hearing Test Results** *(if applicable, with Date)***:** |  |
| **Educational Psychology Assessment:** | **YES** *(please Attach Report)* **/ NO / REFERRED** |
| **SEND Level:** | **PRE- SEND / SEND / EHCP**  |

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| **English As An Additional Language (EAL)** |
| **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).*** |

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| **Please refer to the age-related norms at** [**www.talkingpoint.org.uk**](http://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** | **EXPRESSIVE LANGUAGE**  |
| *Difficulties understanding what is said and following instructions* | ***Yes*** | **☐** | ***No*** | **☐** | *Difficulties expressing him / herself using appropriate vocabulary and sentences* | ***Yes*** | **☐** | ***No*** | **☐** |
| ***If yes, please describe*** | ***If yes, please describe*** |
| **SPEECH CLARITY** | **SOCIAL INTERACTION** |
| *Difficulties using clear speech appropriate to age* | ***Yes*** | **☐** | ***No*** | **☐** | *Difficulties interacting appropriately with peers and adults verbally and non-verbally* | ***Yes*** | **☐** | ***No*** | **☐** |
| ***If Yes please complete***

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| **Cat** |  | **Man** |  |
| **Fish** |  | **Table** |  |
| **Lion** |  | **Sauce** |  |
| **Blue** |  | **Green** |  |
| **Spider** |  | **Chips**  |  |

 | ***If yes, please describe*** |
| **FLUENCY SPEECH / STAMMERING** | **VOICE** |
| *Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds* | ***Yes*** | **☐** | ***No*** | **☐** | *Unusually hoarse / croaky voice / loud / quiet voice* | ***Yes*** | **☐** | ***No*** | **☐** |
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| **OTHER**  | **IN SUMMARY GENERAL DEVELOPMENT covering all areas** |
| *e.g. Child’s Play Skills, behaviour, self-help, attention and listening skills* |

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| Below Average | **☐** |
| Average | **☐** |
| Above Average | **☐** |

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| **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)* |
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| **Discussion between Referrer and Patient / Carer** |
|  | ***NONE*** |  |  |  | ***SIGNIFICANT*** |  |
| Level of Parental Concern | **0** | **1** | **2** | **3** | **4** | **5** |  |
| Level of Referrer Concern | **0** | **1** | **2** | **3** | **4** | **5** |  |

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| **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 Play Plan / Intervention targets.***(NB. Under new guidelines, where language concerns have been outlined on the referral but intervention targets are purely around literacy and numeracy your referral may be returned.* |
| **1:1** | **Group** | **Whole Class** |
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| **What do you hope to gain from this referral?** |
| **School:** |  |
| **Parents:** |  |
| **Child / Young Person**:*(if appropriate)* |  |

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| **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 | **☐** |  | **☐** |

**SENCO’s Signature: Print:**

**Link SLT’s Signature: Print:**

Date:

***PLEASE EMAIL COMPLETED FORM TO:*** **SALT.Referrals@srft.nhs.uk**

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| **WHICH APPOINTMENT NEEDED:** INITIAL ASSESSMENT SALT ENHANCED TEAM LAC (Reception+ age pass to FT)  |

**Interpreter Needed?**

**Yes: No:**

**Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**