

REQUEST FOR SUPPORT FROM SALFORD SPEECH AND LANGUAGE THERAPY (CRIB SHEET – High School)

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 Accepted by Link SLT:

Please complete ALL sections in as much detail as possible

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
DOB	
Sex: M / F	
Address:	
Postcode:	
Tel No:	
Alternative No's:	
GP:	<i>Please include relevant reports / assessments</i>
Language spoken at Home:	Family Assessment Completed YES / NO/ NA
Interpreter Needed: YES / NO	LAC YES / NO
	Known to Social services YES / NO
Year group:	Previous referral to SLT: YES / NO/ Not Known
Has the child received input from Enhanced / Independent Speech and Language Therapist? (Please name if known)	

Copy of Appointment letter to be sent to SENCO	<input type="checkbox"/>
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SENCOs Details	
Name:	Contact Tel No:
Contact Address:	Email Address:

Hearing Test Results (if applicable, with Date):	
Educational Psychology Assessment:	YES (please Attach Report) / NO / REFERRED
SEND Level:	PRE SEND / SEND / EHCP

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).

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

<p>COMPREHENSION</p> <p>Difficulties understanding what is said and following instructions Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe</p> <p>Can they follow instructions 1:1/ in a group/ in the classroom? Do they need instructions broken down or extra support? Can they answer questions?</p>	<p>EXPRESSIVE LANGUAGE</p> <p>Difficulties expressing him / herself using appropriate vocabulary and sentences Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe</p> <p>Do they use simple or complex sentence structures? Do they choose the right vocabulary?</p> <p>Do they use language for different purposes? (e.g., asking questions, commenting, describing, social language).</p>																				
<p>SPEECH CLARITY</p> <p>Difficulties using clear speech appropriate to age Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please ask the child to say these words and write down how they say them:</p> <table border="1"> <tr><td>Cat</td><td></td><td>Man</td><td></td></tr> <tr><td>Fish</td><td></td><td>Table</td><td></td></tr> <tr><td>Lion</td><td></td><td>Sauce</td><td></td></tr> <tr><td>Blue</td><td></td><td>Green</td><td></td></tr> <tr><td>Spider</td><td></td><td>Chips</td><td></td></tr> </table> <p>Are they more difficult to understand in conversation?</p>	Cat		Man		Fish		Table		Lion		Sauce		Blue		Green		Spider		Chips		<p>SOCIAL INTERACTION</p> <p>Difficulties interacting appropriately with peers and adults verbally and non-verbally Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe</p> <p>How do they interact with peers? Do they initiate and maintain conversations? Describe their skills within paired or small group activities.</p> <p>How do they interact with adults? Do they approach adults and respond to them?</p>
Cat		Man																			
Fish		Table																			
Lion		Sauce																			
Blue		Green																			
Spider		Chips																			
<p>FLUENCY SPEECH / STAMMERING</p> <p>Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e.g. you may hear I w w w w want a drink, I..... want a drink, I www-ant a drink, I want want want a drink</p> <p>When did you first notice this? Do parents have concerns? Does it affect their interactions with others? If yes, please describe</p>	<p>VOICE</p> <p>Unusually hoarse / croaky voice / loud / quiet voice Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				

<p>OTHER e.g. Child's Play Skills, behaviour, self-help, attention and listening skills</p> <p>Behaviour – Do they follow classroom/school rules?</p> <p>Independence – What are their self-help skills like? Do they ask for help?</p> <p>Attention and listening – Can they maintain attention within lessons? Can they work independently?</p> <p>Sensory difficulties – Are there particular sensations they like/ do not like? Sight/ sound/ texture</p> <p>Do they have any specific interests or repetitive behaviours?</p>	<p>IN SUMMARY GENERAL DEVELOPMENT covering all areas</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="text-align: center;">Below Average</td> <td style="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"/>						
<p>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)</p> <p>How do they perform in subjects where they do not need to rely on as much language? E.g. Art, PE, Information from Educational Psychologist? Information from Learning Support Service? National curriculum information?</p>							

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

<p>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.</p> <p><i>(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.)</i></p>		
1:1	Group	Whole Class
Pre-teaching vocabulary	Blank Level groups Vocabulary groups Social skills Verbal Reasoning Lego Therapy	Verbal Reasoning Visual timetables Pre-teaching vocabulary



What do you hope to gain from this referral?

School:

Parents:

Child / Young Person:
(if appropriate)

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"/>

SENCO's Signature:

Print:

Link SLT's Signature:

Print:

Date:

PLEASE EMAIL COMPLETED FORM TO:

SALT.Referrals@srft.nhs.uk

WHICH APPOINTMENT NEEDED:

INITIAL ASSESSMENT SALT ENHANCED TEAM LAC (Reception+ age pass to FT)

Interpreter Needed?

Yes: No:

Language: _____

