

**REQUEST FOR SUPPORT FROM SALFORD SPEECH AND  
LANGUAGE THERAPY (CRIB SHEET)**

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](mailto: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	
DOB	Sex: M / F	<input type="checkbox"/> Educational Psychology
Address:	<input type="checkbox"/> Paediatrician	
	<input type="checkbox"/> ENT	
	<input type="checkbox"/> Family support Worker	
Postcode:	<input type="checkbox"/> School Nurse	
Tel No:	<input type="checkbox"/> Occupational Therapist	
Alternative No's:	<input type="checkbox"/> Physiotherapist	
	<input type="checkbox"/> Other	
GP:	<i>Please include relevant reports / assessments</i>	
	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)		

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:



<b>Hearing Test Results</b> (if applicable, with Date):	
<b>Educational Psychology Assessment:</b>	YES (please Attach Report) / NO / REFERRED
<b>SEND Level:</b>	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](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

<p><b>COMPREHENSION</b></p> <p>Difficulties understanding what is said and following instructions Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe</p> <p>Wellcomm results – Please include information from over two terms to show progress</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><b>EXPRESSIVE LANGUAGE</b></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>How many words can they use together? Do they use sentences?</p> <p>Do they use language for different purposes? Asking questions, commenting, describing, social language? How do they express their needs and wants?</p>																				
<p><b>SPEECH CLARITY</b></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" style="width: 100%;"> <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><b>SOCIAL INTERACTION</b></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 play together? Do they notice peers? Do they approach and join in or respond when their peers join in with them?</p> <p>How do they interact with adults? Do they approach adults and respond to them? Can they follow an adult lead activity?</p>
Cat		Man																			
Fish		Table																			
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Spider		Chips																			
<p><b>FLUENCY SPEECH / STAMMERING</b></p> <p>Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>VOICE</b></p> <p>Unusually hoarse / croaky voice / loud / quiet voice Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				

<p>e.g. you may hear I 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><b>OTHER</b> e.g. Child's Play Skills, behaviour, self-help, attention and listening skills</p> <p>How does the child play? What toys do they use? What do they do with these?</p> <p>Behaviour – do they follow classroom rules?</p> <p>Independence – what are their self-help skills like? Do they ask for help?</p> <p>Attention and listening – can they sit on the carpet? Complete independent work?</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><b>IN SUMMARY GENERAL DEVELOPMENT covering all areas</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Below Average</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Average</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Above Average</td> <td style="text-align: center; padding: 5px;"><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><b>DOES THIS CHILD'S ABILITY TO COMMUNICATE DIFFER FROM HIS / HER ABILITIES IN OTHER AREAS?</b> <i>(if over 7 years of age, please include evidence of a child's non-verbal abilities or abilities within other academic areas)</i></p> <p>How do they perform in subjects where they do not need to rely on language? E.g. maths Information from educational psychologist? Information from Learning Support Service? EYFS/ developmental/ national curriculum information -</p>							

<b>Discussion between Referrer and Patient / Carer</b>						
	<b>NONE</b>			<b>SIGNIFICANT</b>		
Level of Parental Concern	0	1	2	3	4	5
Level of Referrer Concern	0	1	2	3	4	5

**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
Pre-teaching vocabulary Turntaking/Shared Attention Now & Next Board Work Stations	Wellcomm groups NELI interventions Attention & Listening Blank Level groups Vocabulary groups Social skills (e.g., Time to Talk) Verbal Reasoning Lego Therapy Talk Boost	Verbal Reasoning Attention and Listening Now and Next boards 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](mailto:SALT.Referrals@srft.nhs.uk)

**WHICH APPOINTMENT NEEDED:**

INITIAL ASSESSMENT

SALT ENHANCED TEAM

LAC (Reception+ age pass to FT)

**Interpreter Needed?**

Yes:            No:

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

