

# REQUEST FOR SUPPORT FROM SPEECH AND LANGUAGE THERAPY

INC MAINSTREAM NURSERY CHILDREN

safe • clean • personal

Note for ALL Schools: **PLEASE USE THIS FORM FROM SEPTEMBER 2018.**

- This form is to be completed once a child's needs have been discussed with School's link SLT – please refer to Guidance pack
- The Link SLT can either counter sign the bottom of this form so a paper version can be sent to Sandringham House OR your Link SLT can email it to Sandringham House following the Link Meetings.
- Families will then be contacted directly regarding an appointment for assessment.

School:

Date of submission to SLT service:

<b>Child's First Name (s):</b>	<b>List other Professionals involved (provide name if known)</b>	
<b>Surname:</b>		
<b>NHS Number:</b>	<input type="checkbox"/> <b>Audiology</b>	
<b>DOB</b> <span style="float: right;"><b>Sex:</b> M / F</span>	<input type="checkbox"/> <b>Educational Psychology</b>	
<b>Address:</b>	<input type="checkbox"/> <b>Paediatrician</b>	
<b>Postcode:</b>	<input type="checkbox"/> <b>ENT</b>	
<b>Tel No:</b>	<input type="checkbox"/> <b>Family support Worker</b>	
<b>Alternative No's:</b>	<input type="checkbox"/> <b>School Nurse</b>	
<b>GP:</b>	<input type="checkbox"/> <b>Occupational Therapist</b>	
	<input type="checkbox"/> <b>Physiotherapist</b>	
	<input type="checkbox"/> <b>Other</b>	
	<i>Please include relevant reports / assessments</i>	
	<b>TAF Completed</b>	YES / NO/NA
<b>Language spoken at Home:</b>	<b>LAC</b>	YES / NO
<b>Interpreter Needed:</b> <span style="float: right;">YES / NO</span>	<b>Known to Social services</b>	YES / NO
<b>Year group:</b>	<b>Previous referral to SLT:</b>	YES / NO/Not Known
<b>Has the child received input from Buy In / Independent Speech and Language Therapist? (Please Name)</b>		

		<input type="checkbox"/>
<b>Copy of Invite letter to be sent to SENCO</b>		<input type="checkbox"/>
<b>Copy of Appointment letter to be sent to SENCO</b>		<input type="checkbox"/>

<b>SENCOs Details</b>	
<b>Name:</b>	
<b>Contact Address:</b>	<b>Contact Tel No:</b>
	<b>Email Address:</b>

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

<b>English As An Additional Language (EAL)</b>
<b>How long has the child been exposed to English?</b>
<b>Do parents / carers feel that there is a problem in the child's home language?</b>
<i>(We will not accept referrals for children who have been exposed to English for less than 12 months, unless there is a recognised difficulty in the child's first language).</i>

<p>Please refer to the age-related norms at <a href="http://www.talkingpoint.org.uk">www.talkingpoint.org.uk</a> 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>																					
<p><b>COMPREHENSION</b></p> <p><i>Difficulties understanding what is said and following instructions</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe</i></p>	<p><b>EXPRESSIVE LANGUAGE</b></p> <p><i>Difficulties expressing him / herself using appropriate vocabulary and sentences</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe</i></p>																				
<p><b>SPEECH CLARITY</b></p> <p><i>Difficulties using clear speech appropriate to age</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes please complete</i></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>	Cat		Man		Fish		Table		Lion		Sauce		Blue		Green		Spider		Chips		<p><b>SOCIAL INTERACTION</b></p> <p><i>Difficulties interacting appropriately with peers and adults verbally and non-verbally</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe</i></p>
Cat		Man																			
Fish		Table																			
Lion		Sauce																			
Blue		Green																			
Spider		Chips																			
<p><b>FLUENCY SPEECH / STAMMERING</b></p> <p><i>Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>VOICE</b></p> <p><i>Unusually hoarse / croaky voice / loud / quiet voice</i>      Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p><b>OTHER</b></p> <p><i>e.g. Childs Play Skills, behaviour, attention and listening skills</i></p>	<p><b>IN SUMMARY GENERAL DEVELOPMENT / SELF-HELP SKILLS</b></p> <table border="1"> <tr> <td>Below Average</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Average</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Above Average</td> <td><input type="checkbox"/></td> </tr> </table>	Below Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Above Average	<input type="checkbox"/>														
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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)*

**Discussion between Referrer and Patient / Carer**

	<i>NONE</i>				<i>SIGNIFICANT</i>	
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

**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

**Link SLT's SIGNATURE**

(posted copies only)

Print name:

Date:

*PLEASE RETURN COMPLETED FORM*

**POST Paper Copy:**

**Speech and Language Therapy, Sandringham House,  
Castle Courts, Windsor Street, Salford, M5 4DG**

**This will be returned if not signed by Link SLT**

**Or: Link SLT will email to A&C (and copy school in)**