

**(SLT Admin Purposes Only)**

Date received:

[Click here to enter a date.](#)

Chronological Age:

[Click here to enter text.](#)

Route:

[Choose an item.](#)**SPEECH AND LANGUAGE THERAPY****REQUEST FOR SPEECH, LANGUAGE AND COMMUNICATION****(SLC) SUPPORT****FOR CHILDREN NOT YET ATTENDING SCHOOL SETTINGS**Salford Royal **NHS**

NHS Foundation Trust

University Teaching Trust

safe • clean • personal

<b>Patient Surname:</b>	<a href="#">Click here to enter text.</a>
<b>Patient First Name:</b>	<a href="#">Click here to enter text.</a>
<b>Date of Birth:</b>	<a href="#">Click here to enter text.</a>
<b>Sex:</b>	<a href="#">Click here to enter text.</a>
<b>NHS Number:</b>	<a href="#">Click here to enter text.</a>
<b>Ethnicity:</b>	<a href="#">Choose an item.</a>
<b>Religion:</b>	<a href="#">Choose an item.</a>
<b>Address :</b>	<a href="#">Click here to enter text.</a>
<b>Date of Request for Support:</b>	<a href="#">Click here to enter a date.</a>
<b>Referred By:</b> Name: Designation: Department: Other: Contact Address: Contact Number: Email Address: Team / Setting Email Address:	<a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a>
<b>GP:</b>	<a href="#">Click here to enter text.</a>
<b>Next of Kin</b> Name: Relationship to Patient: Home Telephone: Mobile Telephone: Other Telephone:	<a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a>
<b>Nursery</b> Nursery: Other:	<a href="#">Choose an item.</a> <a href="#">Click here to enter text.</a>
<b>Special Communication / Access Requirements:</b> Do any reasonable adjustments need to be made for the family?  Interpreter Required: Language: If other:  Correspondence regarding this request to be copied to yourself?	(Please give specific requirements) <a href="#">Click here to enter text.</a>  <a href="#">Choose an item.</a> <a href="#">Choose an item.</a> <a href="#">Click here to enter text.</a>  Invite letter to book appointment? <a href="#">Choose an item.</a> Appointment confirmation letter? <a href="#">Choose an item.</a>
<b>Do parents / carers feel that there is a problem in the child's home language?</b>	<a href="#">Click here to enter text.</a>
<b>Other professionals involved: (provide name if known)</b> Audiology:	<b>Please provide relevant reports and/or assessments if applicable</b>  <a href="#">Choose an item.</a> <a href="#">Click here to enter text.</a>

Date and result of recent hearing test: Consultant Paediatrician: Starting Life Well/Early Help Practitioner: ENT: Other:	Click here to enter text. Choose an item.    Click here to enter text. Choose an item.    Click here to enter text. Choose an item.    Click here to enter text.
<b>Involvement from Social Services:</b> If Yes, threshold of need:  <b>Looked After Child:</b>	Choose an item. Choose an item.  Choose an item. Click here to enter text.
<b>Results:</b> <b>ASQ3 Communication (0-19 team):</b>	Choose an item.
<b>ASQ SE (0-19 and EHP):</b>	Choose an item.
<b>Most recent WellComm:</b> <b>(0-19; EHP; settings where in use)</b> Non-health practitioners: please attach Well Comm Score sheet.	Choose an item.
<b>What strategies/interventions, e.g. WellComm activities, have you used or advised on to develop the child's speech / language / communication skills?</b> Please include a copy of the child's latest Play Plan / Intervention targets where applicable.	
<b>Has this child previously had support from the Speech and Language Therapy Department? (If yes, please state what this was).</b>	
<b>What do you hope to gain from this request for support?</b>	Choose an item.

**PLEASE COMPLETE THE FOLLOWING SECTIONS (page 3) IF THE CHILD:**

- SCORED BLACK ON ASQ
- RED ON WELLCOMM
- OR IF YOU HAVE ADDITIONAL INFORMATION THAT WOULD SUPPORT A REQUEST FOR AN ASSESSMENT BY A SPEECH AND LANGUAGE THERAPIST

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.

<p><b><u>COMPREHENSION</u></b> Difficulties understanding what is said and following instructions. <i>If yes, please describe</i></p>	<p>Choose an item. Click here to enter text.</p>
<p><b><u>EXPRESSIVE LANGUAGE</u></b> Difficulties expressing him / herself using appropriate vocabulary and sentences <i>If yes, please describe</i></p>	<p>Choose an item. Click here to enter text.</p>
<p><b><u>SPEECH CLARITY</u></b> Difficulties using clear speech appropriate to age <i>If yes, please describe</i></p>	<p>Choose an item. Click here to enter text.</p>
<p><b><u>SOCIAL INTERACTION</u></b> Difficulties interacting appropriately with peers and adults verbally and non-verbally <i>If yes, please describe</i></p>	<p>Choose an item. Click here to enter text.</p>
<p><b><u>FLUENCY SPEECH / STAMMERING</u></b> Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds <i>If yes, please describe</i></p>	<p>Choose an item. Click here to enter text.</p>
<p><b><u>GENERAL DEVELOPMENT / OTHER</u></b> e.g. Childs Play Skills, behaviour, attention and listening skills</p>	<p>Click here to enter text.</p>

**CHECKLIST**

	Yes	N/A
Have all sections been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Has verbal consent for the request for support been obtained from parent / carers?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included copies of relevant reports?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included a copy of the EYFS tracker if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included copies of all Play Plan targets where applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included a copy of the WellComm results/score sheet if applicable?	<input type="checkbox"/>	<input type="checkbox"/>

**For admin use;**

**Decision:** Accepted

**Appointment type:** EYs IA  Talking Tots

**Triaged by:**

**Date:**

**Diagnosis Code:**

**Decision:** Declined

**SLT:** Email sent

**Admin:** Add to EPR