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| (**SLT Admin Purposes Only)** | **SPEECH AND LANGUAGE THERAPY**  **REQUEST FOR SPEECH AND LANGUAGE THERAPY ASSESSMENT** |  |
| Date received: |
| **Click here to enter a date.** |
| Chronological Age: |
| **Click here to enter text.** |
| Route: |
| **Choose an item.** |

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| **Patient Surname:** | **Click here to enter text.** | |
| **Patient First Name:** | **Click here to enter text.** | |
| **Date of Birth:** | **Click here to enter text.** | |
| **Sex:** | **Click here to enter text.** | |
| **NHS Number:** | **Click here to enter text.** | |
| **Ethnicity:** | **Choose an item.** | |
| **Religion:** | **Choose an item.** | |
| **Address :** | **Click here to enter text.** | |
| **Date of Referral:** | **Click here to enter a date.** | |
| **Referred By:**  Name: | **Click here to enter text.** | |
| Designation: | **Click here to enter text.** | |
| Department: | **Click here to enter text.** | |
| Other: | **Click here to enter text.** | |
| Contact Address: | **Click here to enter text.** | |
| Contact Number: | **Click here to enter text.** | |
| Email Address: | **Click here to enter text.** | |
| **GP:** | **Click here to enter text.** | |
| **Next of Kin**  Name: | **Click here to enter text.** | |
| Relationship to Patient: | **Click here to enter text.** | |
| Home Telephone: | **Click here to enter text.** | |
| Mobile Telephone: | **Click here to enter text.** | |
| Other Telephone: | **Click here to enter text.** | |
| **School/Nursery**  Nursery:  School:  Other: | **Choose an item.**  **Choose an item.**  **Click here to enter text.** | |
| **Special Communication /**  **Access Requirements:**  Language:  If other: | **Choose an item.**  **Click here to enter text.** | |
| Interpreter Required:  Correspondence regarding this referral to be copied to referrer?  Do any other reasonable adjustments need to be made for this patient? | Choose an item.  Invite letter to book appointment? **Choose an item.**  Appointment confirmation letter? **Choose an item.**    (Please give specific requirements)  **Click here to enter text.** | |
| **How long has the child been exposed to English?**  (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). | **Choose an item.**  **Click here to enter text.** | |
| **Do parents / carers feel that there is a problem in the child’s home language?** | **Click here to enter text.** | |
| **Other professionals involved:**  **(provide name if known)** | **Please provide relevant reports and/or assessments if applicable** | |
| Audiology: | **Choose an item.** | **Click here to enter text.** |
| Date and result of recent hearing test: | **Click here to enter text.**  **Click here to enter text.** | |
| Educational Psychologist: | **Choose an item.** | **Click here to enter text.** |
| Starting Life Well: | **Choose an item.** | **Click here to enter text.** |
| Clinical Psychologist: | **Choose an item.** | **Click here to enter text.** |
| Education Welfare Officer: | **Choose an item.** | **Click here to enter text.** |
| ENT: | **Choose an item.** | **Click here to enter text.** |
| Family Support Worker: | **Choose an item.** | **Click here to enter text.** |
| School Nurse: | **Choose an item.** | **Click here to enter text.** |
| Occupational Therapist: | **Choose an item.** | **Click here to enter text.** |
| Physiotherapist: | **Choose an item.** | **Click here to enter text.** |
| Known to CDF: | **Choose an item.** | **Click here to enter text.** |
| CAF Completed: | **Choose an item.** | **Click here to enter text.** |
| **Known to Social Services:**  If Yes, threshold of need:  **Looked After Child:** | **Choose an item.**  **Choose an item.**  **Choose an item.**  **Click here to enter text.** | |
| **Has this child previously been referred to Speech and Language Therapy Department?** | **Choose an item.**  **Click here to enter text.** | |
| **What do you hope to gain from this referral?** |  | |
| School / Nursey: | **Click here to enter text.** | |
| Parents: | **Click here to enter text.** | |
| Child / Young Person (if appropriate): | **Click here to enter text.** | |
| Level of referrer concern  Level of parent concern | **Choose an item.**  **Choose an item.** | |
| **Has the child received input from Buy In / Independent Speech and Language Therapist?** | **Choose an item.**  **Click here to enter text.** | |
| **If School Age, SEN Level:** | **Choose an item.**  **Click here to enter text.** | |
| **What specific strategies have you used or advised on to develop the child’s speech / language / communication skills?** | 1:1 **Click here to enter text.** | |
| Group **Click here to enter text.** | |
| Whole Class **Click here to enter text.** | |
| 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.)* | |

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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.** | |
| **COMPREHENSION**  Difficulties understanding what is said and following instructions.  *If yes, please describe* | **Choose an item.**  **Click here to enter text.** |
| **EXPRESSIVE LANGUAGE**  Difficulties expressing him / herself using appropriate vocabulary and sentences  *If yes, please describe* | **Choose an item.**  **Click here to enter text.** |
| **SPEECH CLARITY**  Difficulties using clear speech appropriate to age | **Choose an item.**  **Click here to enter text.** |
| *If Yes please complete as appropriate:* | |  |  |  |  | | --- | --- | --- | --- | | **School Age:** | | **Pre-School / Early Years** | | | Cat | **Click here to enter text.** | Cat | **Click here to enter text.** | | Fish | **Click here to enter text.** | Fish | **Click here to enter text.** | | Lion | **Click here to enter text.** | Look | **Click here to enter text.** | | Blue | **Click here to enter text.** | Boot | **Click here to enter text.** | | Spider | **Click here to enter text.** | Spider | **Click here to enter text.** | | Man | **Click here to enter text.** | Man | **Click here to enter text.** | | Table | **Click here to enter text.** | Table | **Click here to enter text.** | | Sauce | **Click here to enter text.** | Sun | **Click here to enter text.** | | Green | **Click here to enter text.** | Go | **Click here to enter text.** | | Chips | **Click here to enter text.** | Chair | **Click here to enter text.** | |
| **SOCIAL INTERACTION**  Difficulties interacting appropriately with peers and adults verbally and non-verbally  *If yes, please describe* | **Choose an item.**  **Click here to enter text.** |
| **FLUENCY SPEECH / STAMMERING**  Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds  *If yes, please describe* | **Choose an item.**  **Click here to enter text.** |
| **VOICE**  Unusually hoarse / croaky voice / loud / quiet voice  *If yes, please describe* | **Choose an item.**  **Click here to enter text.** |
| **GENERAL DEVELOPMENT /**  **SELF-HELP SKILLS** | **Choose an item.**  **Click here to enter text.** |
| **OTHER**  e.g. Childs Play Skills, behaviour, attention and listening skills | **Click here to enter text.** |
| **Does this child’s ability to communicate differ from his / her abilities in other areas?**  *If yes, please describe*  (if over 7 years of age, please included evidence of a child’s non-verbal abilities) | **Choose an item.**  **Click here to enter text.** |
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| **IN SUMMARY** |  |
| What are your main concerns for this child?  Please check box | |  |  | | --- | --- | | Speech / Language / Communication |  | | General Development |  | | Social / Emotional |  | | Self Help Strategies |  | | Cognitive skills |  | | Literacy |  | | Behaviour |  | |
| **Referral Checklist** | |
| |  |  |  | | --- | --- | --- | |  | **Yes** | **N/A** | | Have all sections been completed? |  |  | | Has verbal consent for this referral been obtained from parent / carers? |  |  | | Have you included copies of relevant reports? |  |  | | **For School Aged Children:** |  |  | | Have you included evidence of attainment levels? |  |  | | Have you included copies of all intervention targets? |  |  | | **For Pre-School / Nursery Children:** |  |  | | Have you included a copy of the EYFS tracker if applicable? |  |  | | Have you included copies of all Play Plan targets where applicable? |  |  | | Have you included a copy of the Well Comm results/scoresheet if applicable? |  |  | | |