**Paediatric Speech and Language Therapy**

**REFERRAL FORM**

**Primary schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:**Click here to enter text. | **Surname:**Click here to enter text. | | **DOB:**Click here to enter a date. |
| **Address:**Click here to enter text. | | | |
| **Contact Telephone number:** Click here to enter text. | | **Parents/Carer name/s:**Click here to enter text. | |
| **School:**Click here to enter text. | | **Class Teacher & SENCO:**Click here to enter text. | |
| **Year Group:**Click here to enter text. | | **GP Practice:**Click here to enter text. | |
| **Name of Referrer:**Click here to enter text. | | **Contact details of referrer:**Click here to enter text. | |

*REFERRALS WILL ONLY BE ACCEPTED IF* ***ALL*** *SECTIONS ARE COMPLETED*

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPLETE THIS SECTION FIRST** | **YES** | **NO** | **IF NO, THEN** |
| Has the child completed any communication interventions before?   * + If yes, which one(s)?   Click here to enter text. |  |  | Discuss with SaLT which intervention to trial:  🡪Intervention e.g.   * + Explore and talk   + Word aware   + Advice from WAAS   🡪If immediate referral is necessary, discuss with the school SaLT |
| * Has this referral been discussed with your allocated SLT? |  |  | Please discuss with allocated SLT |
| * Is English the child’s first language?   + If English is a second language:   + Has the child made very limited progress after first term of exposure to English?   + Has the child’s language skills been investigated in their primary language? |  |  | 🡪Discuss with your SaLT. |

***PARENTAL CONSENT MUST BE OBTAINED FOR REFERRALS TO BE ACCEPTED***

***Written or verbal (please indicate below)***

**CONSENT**

|  |  |
| --- | --- |
| **I agree to my child being referred for speech and language therapy assessment** | |
| Parent’s Signature: Click here to enter text. | Date:Click here to enter a date. |
| Parent’s Name: Click here to enter text. *(please print)* | |

**BACKGROUND INFORMATION**

1. **Language Background:**

\*What languages are spoken at home? Click here to enter text.

\*What is the child’s strongest language for their speaking and/or understanding? Click here to enter text.

***Is an Interpreter required?***  no  yes 🡪 Choose an item.

**2. Does the child have any (please tick, if yes)**

known hearing difficulties, if yes, please state:

known vision difficulties, if yes, please state:

medical diagnosis, if yes, please state:

learning difficulties, if yes, please state:

emotional or behavioural difficulty, if yes, please state:

other difficulties, if yes please state:

**3. Have any of the following professionals been involved?**

*(Please send us copies of any reports if available)*

|  |  |  |
| --- | --- | --- |
|  | **Name** | Type of Support |
| EMAG Teacher (Ethnic Minority Achievement Group) | Click here to enter text. | Click here to enter text. |
| Educational Psychologist | Click here to enter text. | Click here to enter text. |
| Paediatrician | Click here to enter text. | Click here to enter text. |
| Child & Adolescent Mental Health Services | Click here to enter text. | Click here to enter text. |
| Physiotherapist / Occupational Therapist | Click here to enter text. | Click here to enter text. |
| Other: | Click here to enter text. | Click here to enter text. |

**4. Has the child seen a Speech & Language Therapist before?**

yes  no

If yes, please give any details: Click here to enter text.

**5. EHCP:**

Yes No  Considering application

**REFERRAL INFORMATION**

Use the following checklists to indicate the concerns that you have. Please add any information you feel would be useful.

Reason for referral: (*please summarise your main concerns regarding the student’s speech, language and communication)*

Click here to enter text.

1. **Attention and Listening**

Are you concerned?

Yes (complete checklist below)  no (move to section 2)

Please tick if you are concerned and comment below.

Length of time focused on a task

Level of distraction

**Comments and Examples:** Click here to enter text.

1. **Comprehension**

Are you concerned?

Yes (complete checklist below)  no (move to section 3)

Please tick if you are concerned and comment below.

Ability to follow instructions/respond to questions

Frequently needs repetition or gesture to support understanding

Asking for help if they have not understood

Ability to complete problem solving tasks involving language

**Comments and Examples:** Click here to enter text.

\*Do you have the same worries about the child’s understanding in their home language too?

☐ Yes ☐ No

**Comments and Examples:** Click here to enter text.

1. **Expressive Language Skills**

Are you concerned?

Yes (complete checklist below)  no (move to section 4)

Please tick if you are concerned and comment below.

Participation in discussions

Vocabulary skills including thinking of words he/she wants to use

Ability to structure sentences/correct grammar

Copies words and phrases that you or others use (eg. from youtube)

Ability to use language for a range of purposes in daily life

Ability to give explanations and descriptions

Ability to tell you about something that happened when you weren’t there

**Comments and Examples:** Click here to enter text.

\*Do you have the same worries about the child’s talking in their home language too?

Yes  No

**Comments and Examples:** Click here to enter text.

**Social Skills / Social Use of Language**

Are you concerned?

Yes (complete checklist below)  no (move to section 5)

Please tick if you are concerned and comment below.

Initiating interactions (eg. starting conversations or asking you to join in play)

Changing topic of conversation

Eye contact

Ability to make and maintain friendships

Playing with other children

Taking turns in play / conversations

Ability to change interaction style between children and adults

**Comments and Examples:** Click here to enter text.

1. **Speech Sounds / Voice / Stammer**

Are you concerned?

yes (complete checklist below)  no

Please tick if you are concerned and comment below.

Able to be understood by others

Ability to pronounce specific sounds

Awareness of difficulties speaking

Voice quality habitually hoarse or unusual

Stammer/stutter – How long for?

**Comments and Examples:** Click here to enter text.

\*Do you have the same worries about the child’s speech in their home language too?

Yes  No

**Comments and Examples:** Click here to enter text.

\* These fields are mandatory.

Please send completed form to [CommPaedSLTReferral@stgeorges.nhs.uk](mailto:CommPaedSLTReferral@stgeorges.nhs.uk) or give to your allocated SLT

Tel: 020 8812 4032