**Paediatric Speech and Language Therapy**

**REFERRAL FORM**

**Secondary 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. | | **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** |
| * Is English the student’s first language?   + If English is a second language:     - Has the student been exposed to English for more than 1 academic term?     - Do you have evidence of concerns with both/all languages spoken? |  |  | 🡪Discuss with your SaLT. |
| * Have you attached evidence of previous interventions/support (e.g. reviewed IEP/access to targeted SaLT interventions)? |  |  | Discuss with SaLT which intervention to trial:  🡪Intervention e.g.   * + Language enrichment   + Vocabulary   + Reading comprehension   🡪If immediate referral is necessary, please discuss with the school SaLT |
| * Has this referral been discussed with your allocated SLT? |  |  | Please discuss with allocated SLT |

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

***(Written or verbal)***

|  |  |
| --- | --- |
| **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 student have any (please tick, if yes)**

medical diagnosis, if yes, please state: Click here to enter text.

known vision difficulties, if yes, please state: Click here to enter text.

known hearing difficulties, if yes, please state: Click here to enter text.

learning difficulties, if yes, please state: Click here to enter text.

emotional or behavioural difficulty, if yes, please state: Click here to enter text.

other difficulties, if yes please state: Click here to enter text.

**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. |
| Social Services | Click here to enter text. | Click here to enter text. |
| Other: | Click here to enter text. | Click here to enter text. |

**4. Has the student 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 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 of Language**

Are you concerned?

Yes (complete 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/gesture/explanations 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 below)  no (move to section 4)

Please tick if you are concerned and comment below.

Participation in discussions

Vocabulary skills including thinking of words they want to use

Ability to structure sentences/correct grammar

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.

1. **Social Skills / Social Use of Language**

Are you concerned?

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

Please tick if you are concerned and comment below.

Initiating conversations

Changing topic of conversation

Eye contact

Ability to make and maintain friendships

Taking turns in games / 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 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 hoarse or unusual

Stammer/stutter

**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) and copy your allocated SLT into the email, or give to your allocated SLT.