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