

Swale Appendix B

School aged speech and language therapy – referral form

*Required field

This is essential information required for a referral to speech and language therapy for school aged children. **Once form has been complete, please send it to medch.orchards@nhs.net, along with any other attachments.**

*Childs name:			*Date of birth:		
*Year group:			*School:		
Language(s) spoken at home:			*Interpreter required?	Yes	No
*Does child have an EHCP?	Yes	No	*Receive pupil premium?	Yes	No
Please attach copy of the EHCP to referral					
Do you currently buy in our traded services (MCH+)			Yes	No	
If yes, and the referral is not accepted under NHS criteria, do you want the child to be seen under your traded contract?			Yes	No	

Supporting evidence

Please ensure you complete the following for this referral to be processed

Attach: Speech Link Assessment or Speech Screen

Attach: Detailed description of language skills.

If one of the above is not submitted with your referral your referral will **not** be processed.

Please also attach other relevant reports/assessments: (e.g. Language Link, Educational Psychology Reports, Behaviour Support Service Reports, PCAR, Speech and Language



Background information

*Has the child been seen by a speech and language therapist (private/NHS) before? If so, please give details (e.g. which clinic did they attend? When were they discharged?). *Please provide a copy of the most recent report if available*

Does the child have any medical, sensory or physical difficulties? If so please give details.

Are there any emotional or behavioural difficulties? If so, please give details.

*When was their hearing last tested? What was the outcome?

Are there other agencies involved in this child's care? (e.g. Educational Psychology, ENT, Paediatrician, Behaviour Support Service, Audiology) *Where appropriate, please attach most recent reports.*

*How would you describe the child's learning abilities?



*Parents main concerns:	
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Current support

How has the child been supported to date to address the speech and language difficulties that have been identified? (e.g. Language for learning strategies, targeted vocabulary work, speech link programmes, language link groups, social skills groups) *We require evidence of two teams worth of school based intervention/implementation of strategies before a referral can be accepted.*

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Please give details of the areas of concern:

Speech sounds/pronunciation

(intelligibility of speech, specific sounds noted to be a problem)

Please give 10 examples of words said incorrectly, ask your child to name some pictures in a book:

1		6	
2		7	
3		8	
4		9	
5		10	

Understanding of language

(ability to follow instructions, understanding of concepts, abstract understanding, understanding of vocabulary)

Examples of instructions able to understand
Examples of instructions unable to understand:



Use of language

(Sentence structure, grammar, use of vocabulary, word finding)

Please give 5 examples of language used by your child:

1	
2	
3	
4	
5	

Social skills

(non-verbal skills, conversation skills, listener awareness, friendships)

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Attention and listening skills

(how long are they able to sit and attend for?)

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Feeding and swallowing

Do you have any feeding or swallowing concerns?	Yes	No
If yes , please complete:	Weight:	Height:
Date last weight/height taken:		
Age when weaned:		
Current feeding method:		
How long does it take your child to eat a meal?		
Have they had any chest infections?	Yes	No
If yes , how many in the last 6 months?		
Any additional information (including the child's areas of strength and current concerns):		

Date completed:		Completed by:	
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