Children’s Therapy Services – Speech and Language Therapy

# Referral form 2023

All forms to be returned by email to LHNT.child-therapy-referrals@nhs.net (This is a secure email address)

|  |  |  |
| --- | --- | --- |
| Name: | DOB:  | NHS no: |
| Parent/Carer: | Telephone number: |
| Address: | Parent/carer Email Address: |
| GP: | Ethnicity: |
| Nursery/School:SENCo/Main contact (including email address): | Languages spoken at home: |
| Is an interpreter required:YES [ ]  NO [ ]  |

## **Nature of difficulty**

Please complete all relevant areas, including any additional forms indicated which can be sent alongside this referral. **Incomplete referrals will be returned.**

|  |  |  |
| --- | --- | --- |
| **Area of speech and language development** | **Please respond with yes/no where appropriate** | **Any additional information from parents/carers or educational setting:** |
| **Feeding** |
| If you have concerns regarding the child’s ability to eat, drink and/or swallow, **please complete the Eating and Drinking referral form in Appendix 1 (Green)** |  |  |
| **Attention and Listening** |
| Can the child focus on an activity that they have chosen? | Yes/No |  |
| How do they focus on a play activity that you have chosen? |  |  |
| **Communication** |
| Do they use words or sentences? | Yes/No |  |
| Do they make noises or sounds? | Yes/No |  |
| Do they point to show you what they want? | Yes/No |  |
| Can they lead you to what they want? | Yes/No |  |
| Do they use gesture such as waving? | Yes/No |  |
| Do they use any signs such as Makaton? | Yes/No |  |
| Do they use eye gaze/eye contact? | Yes/No |  |
| Do they use a symbol board/pictures or a communication book? | Yes/No |  |
| Do they use a communication aid such as an iPad or voice output device? | Yes/No |  |
| **Reasons the child communicates:** |
| To gain someone’s attention? | Yes/No |  |
| To greet someone-hello/bye? | Yes/No |  |
| To ask for something? | Yes/No |  |
| To indicate they need help? | Yes/No |  |
| To ask questions? | Yes/No |  |
| To share their likes or dislikes? | Yes/No |  |
| To comment? | Yes/No |  |
| To refuse? | Yes/No |  |
| To play with others? | Yes/No |  |
| Does the child communicate with you first? | Yes/No |  |
| **Where/when/who?** |
| Where does your child communicate? E.g. at home? at school? at the park? |  |  |
| Does your child communicate with everyone or just specific people? Please give examples. |  |  |
| **Understanding of language** |
| Does the child follow everyday instructions and routines, for example ‘let’s get in the car’? | Yes/No |  |
| Does the child understand longer instructions, for example ‘can you find me the ball and the book?’ | Yes/No |  |
| Are you concerned that the child is misunderstanding the meaning of instructions/language? | Yes/No |  |
| Does the child look confused or unsure when spoken to? | Yes/No |  |
| **Spoken Language** |
| Does the child use lots of words? | Yes/No |  |
| Does the child join words together? | Yes/No |  |
| Does the child repeat things others have said rather than making their own sentences? | Yes/No |  |
| Does the child use sentences? | Yes/No |  |
| Can the child talk about things they are interested in? | Yes/No |  |
| Does the child mix up words or have difficulty learning or remembering words? | Yes/No |  |
| **If you have concerns with the child’s use of spoken language and they are joining words or using sentences, please complete the language screen in Appendix 2 (orange)** |  |  |
| **Bilingualism** |
| Does the child speak more than one language? | Yes/No |  |
| If so, are there difficulties with language across all languages spoken? | Yes/No |  |
| **If the child is speaking English as an Additional Language, please complete the Bilingual Case History form in Appendix 3 (Purple)** |  |  |
| **Speech sounds** |
| **If you have concerns about the speech sounds the child is using or how easy it is to understand them, please complete the speech sound record in Appendix 4 (Red)** | Yes/No |  |
| **Play** |
| Does the child enjoy play? | Yes/No |  |
| What are their favourite games to play? |  |  |
| Does the child enjoy playing with their peers? | Yes/No |  |
| **Stammer** |
| Does the child often get stuck when talking? | Yes/No |  |
| Do they stretch sounds out when talking? | Yes/No |  |
| Do they repeat whole words when talking? | Yes/No |  |
| Do they repeat the initial sound when talking? | Yes/No |  |
| Is the child aware of their stammer? | Yes/No |  |
| Do they appear concerned about their stammer? How can you tell? | Yes/No |  |
| Who is most worried about the stammer? |  |  |
| **Other known diagnoses:** |
| **Please use this section to let us know about any other diagnoses that the child might have. This may include:****-Hearing Impairment (including type and severity of loss)****-Cleft Lip and/or Palate****-Down’s Syndrome****-Autism/ADHD****-Learning Difficulty****-Dyslexia** |  |
| **Please share with us what activities/support/strategies/resources you have already tried or used to help the child to communicate.** **What difference have these made?** |  |

|  |
| --- |
| **Any other relevant information:***For example: General development and milestones, family history of speech, language or communication needs, how the child accesses learning and education* |

**SEND code of practice** SEND support [ ]  EHC plan [ ]

**Please rate your level of confidence to support your child’s needs:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sad face | **0**[ ]  | **1**[ ]  | **2**[ ]  | **3**[ ]  | **4**[ ]  | **5**[ ]  | **6**[ ]  | **7**[ ]  | **8**[ ]  | **9**[ ]  | **10**[ ]  | Happy face |

I am not confident.I don’t know how to help.

I am confident. I know how to help in all situations.

### Please consider how much these difficulties affect your child:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sad face | **0**[ ]  | **1**[ ]  | **2**[ ]  | **3**[ ]  | **4**[ ]  | **5**[ ]  | **6**[ ]  | **7**[ ]  | **8**[ ]  | **9**[ ]  | **10**[ ]  | Happy face |

The child is happy with their communication and it does not stop them from joining in.

The child is very frustrated and upset. Their communication difficulties prevent them from joining in.

By requesting this referral to the LCHS Speech and Language Therapy service the parent/carer gives verbal/written consent to the Speech and Language Therapy Service sharing relevant information, including electronic records, with other services or professionals involved with the child. This may include discussing the child’s speech and language needs with their educational setting.

**Do / do not** consent to:

**Share In** with other Care Services: (please tick) Yes o No o

**Share Out** with other Care Services: (please tick) Yes o No o

Verbal consent………..[ ]

Parent/carer signature …………………………………………...............................................

All forms to be returned by email to LHNT.child-therapy-referrals@nhs.net (This is a secure email address).

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

To be completed by Child Therapy admin only

|  |  |
| --- | --- |
| Referral form completed by: | Date referral added to S1 |