

REFERRAL FOR SPEECH AND LANGUAGE THERAPY

If you are concerned about a child that is 0-6 years old please direct parents/carers to their nearest Drop In session. If you do not have Drop In dates please telephone **01535 292821** or visit our website <http://www.airedale-trust.nhs.uk/services/speech-and-language-therapy/>

If the child is 6 years of age or older please complete this form, **including the referral checklist**, and return to the **Children's Therapy Secretary, Child Development Centre, Airedale General Hospital, Steeton, KEIGHLEY BD20 6TD**

Child's Name in full		
Date of Birth	Male/Female	NHS No
Address	Telephone Number	Home Work Mobile
Post Code		
Name of Parent/Carer		
General Practitioner/Surgery		Consultant
Name of School		
Has child been to Speech and Language Therapy before? Yes/No		
Language(s) spoken at home	Is an interpreter needed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Hearing Test	Result - Pass/Fail (please delete as appropriate)	
Reason for Referral (Please also use checklist)		
Referrer's Name		Designation
Address		Tel
Date		

**SPEECH AND LANGUAGE THERAPY SERVICE
REFERRAL INFORMATION**

Any other agencies or professionals involved, e.g. Educational Psychologist, Learning Support, Paediatrician, etc. Please state:

EDUCATIONAL INFORMATION (If child is in an Educational Setting)

Describe the level of support currently in place, e.g. one-to-one, small group interventions etc.

Does the child have a statement / EHCP? _____

Has an EHCP been applied for? _____

CONSENT

- I fully understand the reasons for this referral
- I agree to this referral
- I agree to assessment information and recommendations about the child's speech, language and communication being shared between the Service, School Staff and Health Professionals

Signature of Person with Parental Responsibility..... Date.....

PLEASE RETURN THIS FORM, INCLUDING THE REFERRAL CHECKLIST, TO:

Children's Therapy Secretary
Child Development Centre
Building 15
Airedale General Hospital
Steeton
KEIGHLEY
BD20 6TD

Incomplete Referral Forms / Checklists may be returned to the referrer

Thank you

FOR ADMINISTRATION PURPOSES ONLY

Date received

- Form fully completed
 Checklist completed

SCHOOL AGE REFERRAL CHECKLIST

NAME OF CHILD:

DOB:

Please ✓ the sections where there are concerns, and give examples

ATTENTION AND LISTENING

For example: Does s/he struggle to listen to adult instructions while focused on another activity? Is s/he easily distracted? How long can s/he attend to an activity/task?

Your examples:
.....
.....**UNDERSTANDING**

For example: Does s/he wait and follow his/her peers when given a classroom instruction? Does s/he respond to key words but often misses the more complex or subtle language?

Your examples:
.....
.....**SPOKEN LANGUAGE**

For example: Does s/he struggle to explain a recent event or retell a story? Do his/her sentences seem jumbled? Does s/he mix up words like 'his' and 'hers' or 'he' and 'she', or use past tenses like 'catched' instead of 'caught'? Does s/he have difficulty thinking of the right words?

Your examples:
.....
.....**USING SPEECH SOUNDS**

For example: Does s/he have difficulty pronouncing any words? Please give examples. Does s/he miss out sounds in words, e.g. banana = nana, star = tar? Is his/her speech ever difficult to understand? When?

Your examples:
.....
.....**SOCIAL COMMUNICATION**

For example: Does s/he know the 'rules' of conversation, e.g. taking turns, eye contact, when to interrupt etc? Does s/he talk repetitively about things that are only of interest to her/him? Does s/he have difficulty relating to children of the same age?

Your examples:
.....
.....

STAMMERING

For example: Does s/he repeat sounds or parts of words, e.g. m-m-m-miss. Does s/he prolong sounds, eg 'fffffish'. Does s/he appear to be 'stuck' on a sound? Does s/he show signs of distress or frustration when trying to speak? Does s/he appear to change or avoid certain words?

Your examples:

.....

.....

VOICE QUALITY

For example: Is his/her voice persistently hoarse even when s/he does not have a cold or does s/he regularly lose his/her voice?

Your examples:

.....

.....

LEVELS OF CONCERN

This may be useful in gauging whether the difficulty is perceived in the same way by both parent and referrer.

It may help where there is a significant discrepancy between a parent and a referrer and when you may need to discuss further before the parent is happy for the child to be referred.

LITTLE CONCERN ←————→ VERY CONCERNED

What is the level of professional's concern? 1 _____ 5 _____ 10

What is the level of child/student's concern? 1 _____ 5 _____ 10

What is the level of parental concern? 1 _____ 5 _____ 10

How is this communication difficulty impacting on his/her progress and well being?

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