**Paediatric Speech and Language Therapy Referral Form Primary/Secondary School**

**Please fill in all sections of this referral form. If these are not filled in the referral will be rejected from the service for insufficient information provided.**

Return to wchc.childrenssaltteam@nhs.net or **by post (below)**

We cannot accept referral without consent from person with Parental Responsibility

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| **Section 1 - Parents.*****Personal Details*****Child’s Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Birth: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****School/Setting attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Carer name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Who has parental responsibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Is the child currently a family member of the armed forces, reservist, or veteran? Yes  No **  |
| **Section 2** ***Other Professionals Involved*****GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are there any safeguarding issues? Yes 🞏 No 🞏** **If yes, what provision is currently in place for this, e.g. LAC, Child and Family, Child Protection, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Social worker’s name, base and contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Professional:** | **If involved, tick** | **Provide details (including name, contact no, etc.):** |
| **Community Paediatrician** |  |  |
| **Audiology** |  |  |
| **Physiotherapist**  |  |  |
| **Portage** |  |  |
| **Early Years Intervention Team** |  |  |
| **Educational Psychologist** |  |  |
| **Occupational therapist** |  |  |
| **Any private providers** |  |  |
| **School nurse** |  |  |
| **Other** |  |  |

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| ***Reason for Referral*****Please comment on the child’s ability in all the sections below.**

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| **Attention and Listening skills (in 1:1 and group settings):**Is this an area of concern? Yes 🞏 No 🞏 |
| **Comprehension (understanding of what people say):**Is this an area of concern? Yes 🞏 No 🞏  |
| **Expressive Language (sentences/grammar):**Is this an area of concern? Yes 🞏 No 🞏  |
| **Speech sounds (articulation/pronunciation):**Is this an area of concern? Yes 🞏 No 🞏 |
| **Social Communication Skills (interactions with others):**Is this an area of concern?**Yes 🞏 No 🞏** Child has been/will be referred to the local neurodevelopmental pathway (for diagnostic autism assessment)? **Yes 🞏 No 🞏****If you have social and communication concerns the parent/carer and school must complete the social communication profile and submit with the referral.** |
| **Fluency of speech (stammering)**Is this an area of concern?Yes 🞏 No 🞏 |
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| **Any other information:****Is there any reason why the child should not be seen on a 1:1 by a Speech and Language Therapist?** Yes 🞏 No 🞏**If yes, please state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_****What strategies/resources/interventions are you already using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_****Level of anxiety or concern:**

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| **School** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** |
| **Parent/Carer** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** |
| **Child** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** |

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| ***Previous SLT/Audiology input*****Has the child ever been referred to/seen by a Speech & Language before: Yes 🞏 No 🞏** **If yes, state when and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What was the outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Has the child’s hearing been assessed (excluding birth check?) Yes 🞏 No 🞏** **If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were the results?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Communication****Does the child use other methods of communication e.g., signing, gesture?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Is English an additional language Yes 🞏 No 🞏****Would an interpreter be required? Yes 🞏 No 🞏****If yes, what is language and language level like in first language?** |
| ***Educational Information*****Does the child have an Education Health Care Plan? Yes 🞏 No 🞏** **If yes, provide EHCP Co-ordinator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Does the child have an Additional Support Plan? Yes 🞏 No 🞏** **If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Does the child receive any other additional support in school? Yes 🞏 No 🞏** **If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please give details of the child’s general level of academic ability and include relevant assessments with the referral:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **WellComm Screen - For children aged 7 years and under, all referrals for language and/or social communication concerns must include a full WellComm screen.**  |
| WellComm screen carried out | Yes 🞏 | No 🞏 |
| WellComm score sheets attached to referral | Yes 🞏 | No 🞏 (if no, please provide full details below of scores for each question assessed) |
| Scores from WellComm Screen if score sheets are not attached:WellComm intervention currently provided including frequency of input: |
| Phonology Screen Carried Out | Yes 🞏 | Yes 🞏 |
| Sounds and Listening Programme Completed? | Yes 🞏 No 🞏 | Date: |
| ***Parental/Carer Consent*****I agree that this information about my child can be discussed / referred to a Speech & Language Therapist for advice** Yes 🞏 No 🞏**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If your child is school age and attends a Local Authority school, they will usually be seen in their usual school setting. If this is not appropriate, please let us know why:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Referrer Information*****Name of referrer (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Please return Speech and Language Therapy Department*****Via post:** Speech & Language Therapy, Highfield Centre, Victoria Central, Mill Lane, Wallasey, Wirral, CH44 5UF **Via email:** wchc.childrenssaltteam@nhs.net ***If you have any enquiries, please call our office on 0151 514 2334*** |