

September 2023

**Children’s Speech and Language Therapy Referral Pack for Primary School Settings**

**Please go to the relevant age section of the Speech, Language & Communication (SLC) Developmental Checklist by clicking on the age range below. Check the child’s profile against each box to determine next steps.**

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***3 to 3:06 years***

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| **3 to 3:06 years** | **Expected development**  Children at 3 to 4 years will usually be actively learning language and asking many questions. | **Provide intervention and monitor.** | **Interventions** | **Referral potentially required.** |
| **What the child understands** | * Listens to people talking but can still be easily distracted. * Understands instructions with about 3 key words in, e.g., ‘put teddy in the box’ or ‘find a big red ball’. * Can follow instructions with 2 parts, e.g., ‘Get your socks and put them in the basket’. * Remembers and understands familiar stories. * Can understand simple question words like ‘who’ and ‘where.’ * Can answer simple questions about objects e.g., "which one do we eat with?" * Understands the concepts of size e.g., ‘big’ and ‘little.’ * Understands simple quantities e.g., ‘a little bit,’ ‘a lot,’ ‘more’ | * Copies what others do instead of listening to the verbal instruction. * Isn’t consistently understanding instructions with 3 key words. * Gives partial answers to questions. * Not consistently understanding everyday concept words. | * Listening and attention activities * WellComm assessment and strategies * Blank levels / Elklan * Learning through play * Learning language and loving it (Hanen) * Visual timetable * Objects of reference * Signs & gestures * Nursery rhymes * Vocabulary building | * Not consistently understanding 2 key word instructions in a 1:1 situation, including words such as big, little, in, on, under. * Is not able to answer simple ‘who?’ ‘What?’ ‘Where?’ questions. * Finds it hard to follow simple stories. |
| **What the child uses** | * Links words together into sentences, up to 4 or 5 words, e.g., ‘he took my ball’. * Uses action words, e.g., ‘run, spill, fall,’ as well as nouns, e.g., ‘dog, car.’ * Can use simple plurals by adding ‘s’ e.g., ‘shoe**s**’ or ‘horsie**s**.’ | * Sentences are appropriate and at least 3 – 4 words long but vocabulary may be limited and grammar immature. Small words such as ‘the’ and ‘to’ may be omitted but emerging. * Struggles to recall familiar words | * WellComm assessment and strategies * Language through play * Hanen strategies * Signs & gestures * Talk for Writing * Nursery rhymes | * Finds it difficult to talk about something that they’ve done recently. * Uses words in the wrong order in sentences. * Talking limited to 1-2 words together. * Communication breaks down due to sentences being inappropriate, echoed or very repetitive. |
| **Speech sounds** | * Uses the sounds [p, b, m, n, w, t, d] when talking. [f, s, k, g] sounds developing. * Familiar people can mostly understand him/her when he/she talks. | * Can occasionally be difficult for strangers to understand. | * Sound listening programme. * Phonological awareness activities, e.g., rhyming, syllable awareness. * Phase 1 phonics * Jolly phonics * Phase 1 Letters and sounds. * Listening walks | * Unfamiliar people can’t understand speech. * Child is not using early sounds [p, b, t, d, m, n] in words. * Limited range of sounds used. ‘Favourite’ sound used for many other consonants e.g. [d] or [g] (‘door’→’goor,’ ‘sun’→’ gun,’ ‘shoe’→’gu’) * Misses out initial and medial sounds in words * Final sounds in words are not present e.g., book→ boo. * Distorted vowel sounds |
| **Social communication** | * Has started to talk to other children as well as to adults. * Likes to join in a conversation finds it hard to stay on one topic and not jump from one to another. * Is interested in other children’s games and wants to join in with them. * Shows concern when another child is hurt or sad. * Likes to get adult attention and says things like ‘watch me’ | * Child makes no attempt to interact or communicate. * Child echoes sentences. * Plays alone and has preference for own company. * May not respond to the emotions of others appropriately. * May communicate only to request help or express needs. | * WellComm assessment and strategies * Educational play plan * Opportunities to mix with other children e.g., attending Children’s Centre, playgroup, nursery etc. * Refer to Talking Point website:   <http://www.talkingpoint.org.uk>   * Social stories * Visual timetable * Objects of reference | * Plays with a limited range of activities. * Unusually distressed if there are changes to routine. * Lack of interest in playing with people (as expected for their age) * Does not respond to name (hearing is good) * Prefers no or limited eye-contact. * Does not point (following a point or pointing to show) |

**NEXT STEPS**

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| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column (**Appendix** **A**) which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix B**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## 3:06 to 4 years

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| 3:06 to 4 years | **Expected development.**  Children develop skills at different rates, but by 4 years a child usually: | | **Provide intervention and monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Enjoys looking at books with others and listening to stories. * Can respond from another room when called. * Can understand instructions with about 4 key words in, e.g., ‘put a big brick in teddy’s bag’. * Can answer questions about a story with pictures that someone has read to them, e.g. "Where did the bunny go?" * Can answer questions that ask ‘why’ something has happened. * Can answer simple problem-solving questions, e.g. "What do you do when you're hungry/cold?" * Understands simple ‘time’ words, things like ‘yesterday,’ ’lunchtime,’ ‘tonight,’ ‘tomorrow.’ | | * Isn’t consistently understanding instructions with 4 key words. * Gives unusual or no answers to questions. * Difficulties with problem solving questions, e.g., ‘why?’ | * Listening and attention activities * WellComm assessment and strategies * Blank levels / Elklan * Learning through play * Learning language and loving it (Hanen) * Visual timetable * Objects of reference * Signs & gestures * Nursery rhymes * Vocabulary building | * Not consistently understanding 3 key word instructions, including words such as big, little, in, on, under. * Is not able to answer simple ‘who?’ ‘what?’ ‘where?’ questions * Finds it hard to follow simple stories read to them. |
| **What the child uses** | * Can use sentences that have 5 – 8 words in them, e.g. ‘I want to play with cars.’ * Can tell a short story about something that happened e.g., "two boys played with the ball, it went over the fence.” * Asks lots of questions using words like ‘what,’ ‘where’ and ‘why.’ * Can use future tense, e.g. **“I will watch you” and past tense words “I jumped down,” but s**till makes mistakes such as ‘runned' for ‘ran’ and 'swimmed' for ‘swam.’ | | * Sentences are appropriate and at least 4 – 6 words long but vocabulary may be limited and grammar immature. * Small words such as ‘the ‘and ‘to’ may be omitted but emerging. * Not linking sentences with joining words, e.g., ‘and’ or ‘because’ * Struggles to recall familiar words. | * WellComm assessment and strategies * Language through play * Hanen strategies * Signs & gestures * Talk for Writing * Nursery rhymes | * Talking limited to 3-4 words together, always omitting small words (e.g., ‘and’, ‘but’) and word endings. * Finds it difficult to talk about something that they’ve done recently. * Uses words in the wrong order in sentences. * Difficulties describing a sequence of events. * Repeats back what is said (including questions). * Noticeably uses nonspecific words when talking, e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor.’ |
| **Speech sounds** | | * Strangers are able to understand most of the child’s speech. * Child uses sounds [s, f, c/k, and g] in words when they are talking, e.g., says ‘sun’ and ‘car’ as an adult would. * Not yet using harder sounds (v, z, sh, ch, j, r, l th and consonant blends.) | * Can occasionally be difficult for strangers to understand. | * Sound listening programme. * Phonological awareness activities, e.g., rhyming, syllable awareness. * Phase 1 phonics * Jolly phonics * Phase 1 Letters and sounds. * Listening walks | * Not understood by most people most of the time. * Child is not using a range of age-appropriate consonant sounds in words (f, k, s, d, t etc.). * Limited range of sounds used. ‘Favourite’ sound used for many other consonants e.g. [d] or [g] (‘door’→’goor,’ ‘sun’→’ gun,’ ‘shoe’→’gu’) * Misses out initial and medial sounds in words. * Final sounds in words are not present e.g., book→ boo. * Distorted vowel sounds. |
| **Social communication** | | * Likes to start conversations with a variety of people. * Is starting to plan games co-operatively with others. Enjoys make-believe play | * Difficulty taking turns in conversations. * Plays alone or alongside peers. Difficulty with sharing | * WellComm assessment and strategies * Educational play plan * Opportunities to mix with other children e.g., attending Children’s Centre, playgroup, etc. * Refer to Talking Point website <http://www.talkingpoint.org.uk/> * Social stories * Visual timetable * Objects of reference | * Plays with a limited range of activities. * Unusually distressed if there are changes to routine. * Lack of interest in playing with people (as expected for their age) * Does not respond to name (hearing is good) * Prefers no or limited eye contact. * Does not point (following a point or pointing to show) |

**NEXT STEPS**

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| --- | --- |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## 4 to 5 years

At this stage, children need to listen, understand more, and share their ideas within the classroom. They will use their language skills to help them learn to read.

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| **4 to 5 years** | **Expected development**  Children develop skills at different rates, but by 5 years children usually: | **Provide intervention and monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Can listen and follow instructions without having to stop what they are doing. * Can listen to and understand simple stories that have no pictures. * Can follow 3-part instructions such as "find your crayons, draw a picture and give it to Grandma”. * Can understand words that describe sequences e.g., “**first** we are going to the shop, **next** we will play in the park.” * Can understand position words, e.g., ‘behind,’ ‘in front,’ ‘above’ and ‘below.’ * Can understand words that describe things, e.g., soft, hard, smooth. | * Always the last child to respond to group instructions. * Can follow 2 parts of a 3-part instruction. * Has difficulty sequencing 3 pictures to form a simple, familiar story. * Difficulty with concepts of time and position | * Listening and attention activities * WellComm assessment and strategies * Blank levels * Learning through play * Learning language and loving it (Hanen) * Visual timetable * Objects of reference * Signs & gestures * Nursery rhymes * Vocabulary building | * Unable to follow group instructions. * Unable to follow instructions with 3 key words e.g., 'put the big brick in the box'. * Only able to follow one element of a longer instruction. |
| **What the child uses** | * Can talk about things that have already happened or will happen in the future with a good understanding of time, e.g., ‘yesterday we went to visit Auntie Jan.’ * Can use long and detailed sentences e.g. “We went to the park, but we came home because Joe hurt himself.” However, they may still have some difficulties with grammar. E.g., saying   'sheeps' instead of 'sheep' or 'goed' instead of 'went.’   * Can describe objects and events with lots of detail. * Can talk about imaginary conditions and says things like "I hope....” | * Not using time vocabulary. * Using shorter but well-formed sentences, with inconsistent use of joining words (and, because, but, so etc.) * Has a basic rather than varied vocabulary. | * WellComm assessment and strategies * Language through play * Hanen strategies * Signs & gestures * Talk for Writing * Nursery rhymes | * Difficulties describing a sequence of events and using joining words such as ‘and’ or ‘but.’ (e.g., I went to the zoo and saw an elephant). * Unusual word order in sentences. * Immature sentence structure e.g., missing out some words - 'me kick ball goal'. * Noticeably uses nonspecific words when talking e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor.’ |
| **Speech sounds** | * Uses many sounds effectively now but may still make errors for sounds i.e. [l, sh, ch, j, r] and all consonant blends such as [sc, fl, cr, str, spl]. During this period [s]-blends will develop. | * Consonant blends are emerging but not used consistently e.g., may be able to say ‘spoon’ but not ‘slide – lide’ | * Sound listening programme. * Phonological awareness, e.g., rhyming, syllable awareness. * Phase 1 phonics * Jolly phonics * Phase 1 Letters and sounds. * Listening walks | * Speech is difficult to understand. * Sounds, e.g. [t, d, k, g, f, s] not yet used correctly, e.g., replaced by other sounds or omitted. * Distorted vowel sounds. |
| **Social communication** | * Can communicate easily with familiar adults and with other children. * Has friends that she/he chooses himself/herself * Can take turns in longer conversations and stay on the same topic. * Can plan construction and make-believe play with other children, e.g., building a Lego model. | * Difficulty taking turns in conversations. * Difficulty initiating and joining in play with peers. * Dominates conversation and often relates topic back to own particular interests. * Rigid play skills, difficulty differentiating between imagination and reality. Difficulty with sharing toys. | * WellComm assessment and strategies * Educational play plan * Opportunities to mix with other children. * Refer to Talking Point website <http://www.talkingpoint.org.uk> * Visual timetable * Social stories | * Often talks for long periods of time about the same subject. * No or limited interaction with peers. * Often inappropriate communication in social situations. * Lack of interest in playing with people (as expected for their age). * Does not respond to name (hearing is good). * Prefers no or limited eye contact. * Does not point (following a point or pointing to show). |

**NEXT STEPS**

|  |  |
| --- | --- |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

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## 5-6 years

At 5 - 6 years, children have good communication skills and are better at using language in different ways e.g., for discussing ideas or giving their opinions.

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| **5-6 years** | **Expected development** | **Provide intervention and monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Can listen and follow instructions without having to stop what she/he is doing. * Can follow instructions that have lots of steps to them e.g., “put your toys away, get your coat and bag and sit on the carpet.” * Can listen to longer stories and remember some information from previous days if a story is told over several days. * Can understand words that describe sequences e.g., “**first** we are going to the shop, **next** we will play in the park.” | * Need to gain child’s attention before giving an instruction. * Finds it hard to understand language about things in the past or future. * Finds it hard to understand sequential vocabulary, e.g., first, next, before, after. | * Listening and attention activities * WellComm assessment and strategies * Blank levels / Elklan * Vocabulary building * Comprehension monitoring * Visual aids * Learning Language and Loving It | * Only able to follow short instructions, e.g., ‘put your pencil in your tray.’ * Can only understand concrete questions that are in the ‘here and now’ or within their experience. * Not understanding when language relates to previous information given or not in context. * Struggling to learn in school with no other explanation. |
| **What the child uses** | * Describe objects and events with lots of detail. * Can make up stories that have more detail in them, although the order can get a little bit muddled. * Asks lots of questions to find out about things, e.g., ‘how?’ and ‘why?’ * Is learning new words and tries to use them in the right way, e.g., ‘we learned about graphs at school today, mummy.’ | * Doesn't include detailed information when they are describing things. * Finds it hard to make up stories. * Immature use of grammar such as ‘he/she,’ verb tenses. * Has a basic rather than varied vocabulary. | * WellComm assessment and strategies * Hanen * Narrative activities, e.g., Talk for writing | * Uses short sentences, often with words missing or in the wrong order. * Noticeably uses nonspecific words when talking, e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor’ |
| **Speech sounds** | * Speech intelligible - may still make errors for sounds i.e. [sh, ch, j, r] and blends such as [fl, cr, str, spl]. * May have difficulty producing multisyllabic words, e.g., hospital. | * [l] not established in speech | * Sound listening programme (if child retains errors with earlier sounds, e.g. [p, t, k, g, f, s]) * Phonics * Phonological awareness, e.g., rhyming, syllable awareness | * Child not using initial consonant sounds expected for their age (see previous) * Child omitting many medial / final consonants. * Distorted vowel sounds. |
| **Social communication** | * Can communicate easily with familiar adults and with other children. * Can take turns to talk in conversation with only one other person or in a group. * Can tell and understand jokes. | * Finds it difficult to communicate with other children or familiar adults. * Finds it difficult to make and keep friends. * Doesn’t seem to know how to mix or socialise with peers. * Literal understanding of language. Difficulty understanding basic humour such as slapstick and ‘Christmas cracker jokes.’ | * WellComm assessment and strategies * Educational play plan * Opportunities to mix with other children. * Refer to Talking Point website <http://www.talkingpoint.org.uk/> * Visual timetable * Social stories | * Often talks for long periods of time about the same subject. * No or limited interaction with peers. * Often inappropriate communication in social situations. * Lack of interest in playing with people (as expected for their age). * Does not respond to name (hearing is good). * Preference for no or limited eye contact * Assessment required for referral process to paediatrician – see Neurodevelopmental Pathway process. |

**NEXT STEPS**

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| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For children up to the end of year 2:** Carry out a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## 6-7 years

By 7 years children should have well developed speech, language, and communication skills.

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| **6-7 years** | **Expected development** | **Provide intervention and monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Can follow instructions that have lots of steps to them e.g., “put your toys back in the cupboard, go upstairs and find your swimming things.” * Can understand passive sentences, e.g., ‘the boy was chased by the girl.’ * Can understand more complicated size concepts such as ‘medium’ and ‘large.’ * Know that the same word can mean two things (e.g., 'orange' the fruit and 'orange' the colour). * Understand the language used to describe cause and effect, e.g., ‘**if** you leave the ice out, **then** it will melt.’ | * Struggles to follow instructions that have lots of steps in them. * Finds it difficult to follow instructions in the passive form. * Needs support to develop their understanding of new and topic vocabulary. * Needs support to develop problem-solving skills. * Struggles to understand phrases that can mean more than one thing, e.g., “pull your socks up.” | * WellComm assessment and strategies * Blank levels * Comprehension monitoring * Vocabulary building * Visual Aids | * Only able to follow short instructions, ‘put your pencil in your tray.’ * Is unable to respond appropriately to a range of problem-solving question types, e.g., ‘what can...?,’ ‘why? ‘how?’ * Not understanding when language relates to previous information given or not in context. * Struggling to learn in school with no other explanation. |
| **What the child uses** | * Uses long sentences that are grammatically correct e.g. “I’m going to the cinema because the new Toy Story is on.” * Will ask questions to get more information if they need to * Use language to make up imaginative stories, which are easy to follow. * Can use words like ‘so’ and ‘then’ to join their sentences, e.g. “It’s my birthday **so** I’m staying up late.” | * Makes some grammatical errors when talking, e.g., doesn’t use past tense ‘ed.’ * Needs support to develop stories | * WellComm assessment and strategies * Blank levels * Blooms questioning * Twinkl resources * Narrative * Vocabulary development | * Child doesn't talk in sentences or their sentences sound very immature. * Uses short sentences, often with words missing or in the wrong order. * Noticeably uses nonspecific words when talking, e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor’ |

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| **Speech sounds** | * Speech is clear, with most sounds developed by the end of this stage. * Later sounds to develop include [r], or omission of sounds in complex blends (e.g., “spash” for ‘splash’) | * [sh, ch, j] and [l]-blends still developing | * Phonological awareness activities, e.g., rhyming, syllable awareness. * Phonics | * Speech is difficult to understand. * Not using sounds expected at earlier age |
| **Social communication** | * Can use language for different purposes, e.g., to persuade, negotiate or question. * Can take turns to talk in a conversation in a small group, or when talking to just one person. * Can use words to say they are unhappy, rather than tantrums or aggression, e.g. “That’s mine, I want it!” * Can tell and understand jokes | * Struggling to make and keep friends. Not able to mix with peers. Child may be becoming more isolated. * Struggles to join in conversations in small groups. * Difficulty regulating own emotions and responding appropriately to the emotions of others. * Literal understanding of language. Difficulty understanding basic humour such as slapstick and ‘Christmas cracker jokes.’ | * WellComm assessment and strategies * Educational play plan * Opportunities to mix with other children. * Refer to Talking Point website <http://www.talkingpoint.org.uk/> * Visual timetable * Social stories | * Often talks for long periods of time about the same subject. * No or limited interaction with peers. * Often inappropriate communication in social situations. * Lack of interest in playing with others (as expected for their age). * Does not respond to name (hearing is good). * Preference for no or limited eye contact * Assessment required for referral process to paediatrician – see Neurodevelopmental Pathway process. |

**NEXT STEPS**

|  |  |
| --- | --- |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For children up to the end of year 2:** Conduct a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For children up to the end of year 2:** Conduct a full WellComm screen and refer to the Big Book of Ideas for activities to carry out. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## 7-9 years

Speech, language, and communication development is a gradual process. Children develop skills at different rates, but beyond 8 years, children will usually:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7-9 years** | **Expected development** | **Provide intervention and monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Child knows when they haven’t understood and will ask for more information. * Can understand complicated vocabulary, e.g., words that compare things, ‘it was earli**er** than yesterday.’ * Can understand things that have to be worked out when the answer isn’t obvious or when someone says one thing but means something else. E.g., they know that ‘There’s a lot of noise in here’ means ‘be quiet!’ | * Struggles to join in group conversations because there is too much language. * Finds it hard to learn and understand the meanings of words. | * Comprehension monitoring * Blank levels * Visual Aids * Simplifying instructions * One-page profiles * Pre-teaching * Vocabulary building * Blooms questions | * Difficulty understanding instructions given in lessons. * Is unable to respond appropriately to a range of problem-solving question types, e.g., ‘what can...?’ ‘why? ‘how?’ * Not understanding when language relates to previous information given or not in context. * Struggling to learn in school with no other explanation. |

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| **What the child uses** | * Can use long and complicated sentences e.g. “I liked our trip, even though it was tiring, because the museum was so interesting.” * Is good at telling how to do things, e.g., explaining the rules of a new game. * Uses complicated word endings and grammar, e.g., past tense ‘ran’ or ‘wrote’ and plurals ‘feet’ or ‘women.’ * Can make up a complicated story that has lots of information about the characters and what happened. * Use language to predict and draw conclusions. | * May find it hard to make up stories - in their written work as well as talking. * Finds it hard to make predictions. * Not using irregular grammar such as past tenses, e.g., ‘ran, drove.’ | * Blank levels * Blooms questioning * Twinkl resources * Narrative * Vocabulary development | * Doesn't use long, complex sentences when talking. * Grammar is very immature for age. * Stories and explanations are muddled, making them difficult to follow. * Noticeably uses nonspecific words when talking, e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor.’ |

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| **Speech sounds** | * Speech sounds should be almost mature. | |  |  | | * Not using [r] sound by 7:06 years * Uses a lateral sound (like Welsh ‘ll’ sound in e.g., Llangollen) to replace [s], and child is motivated to change it. |
| **Social communication** | * Can start up a conversation with adults and children they don’t know. * Knows about the rules of conversations, e.g., they look at the listener to check they have understood and are interested. * Is able to keep a conversation going by giving reasons and explaining choices. * Knows that other people can have a different point of view and can show whether they agree or disagree. | | * Doesn't seem to follow conversational rules, e.g., looking at the person they are talking to, to make sure they understand. * Difficulty in maintaining a conversation or talks about topics of own particular interest. * Difficulty suggesting what someone else might be thinking, saying, or feeling. * Literal understanding of language. | * Lego therapy * Educational social skills groups. * Refer to Talking Point website www.talkingpoint.org.uk * Visual Aids * Team building activities. * Forest schools * Lunchtime activities setting based | | * Often talks for long periods of time about the same subject. * No or limited interaction with peers. * Often inappropriate communication in social situations. * Lack of interest in playing or interacting with others (as expected for their age). * Does not respond to name (hearing is good). * Prefers no or limited eye contact. * Assessment required for referral process to paediatrician – see Neurodevelopmental Pathway process. |

**NEXT STEPS**

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| --- | --- |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are significant social communication concerns |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## 9-11 years

At this stage, children should have very well-developed speech, language, and communication skills which they can use effectively in their day-to-day activities to support learning.

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| **9-11 years** | **Expected development** | **Monitor** | **Interventions** | **Referral potentially required** |
| **What the child understands** | * Can follow long instructions that have new information in them e.g. ‘Can you find the stripey bag in the top of my wardrobe and put it in the big cupboard in the utility room please?’ * Understands what certain sayings mean, e.g., ‘you can’t have your cake and eat it.’ * Understands there are different types of questions, e.g., open questions like ‘tell me about your day’ and rhetorical questions that make a point but don’t need an answer e.g., ‘am I talking to myself today? | * Better at understanding individual instructions than group instructions. * Difficulty learning new words. | * Comprehension monitoring * Blank levels * Visual Aids * Simplifying instructions * One-page profiles * Pre-teaching Vocabulary building * Blooms questions | * Finds long and complicated instructions, or instructions with new information in, hard to understand. * Struggling to learn at school with no other explanation. |
| **What the child uses** | * Can make up a complicated story that has lots of information about the characters and what happened. * Talks in long and complicated sentences, e.g. ‘I will come with you only because it means you will stop going on at me.’ * Sentences normally have between 8 and 10 words but can often be much longer. * May use complicated words to join sentences together, e.g., ‘meanwhile’ or therefore.’ | * Takes a long time to think what they are going to say or write. * Has difficulty sequencing their ideas in the right order. * Finds it difficult to make up complicated stories that have lots of information in them. * Has difficulty giving specific answers or explanations. * Vocabulary development | * Blank levels * Blooms questioning * Twinkl resources * Narrative * Vocabulary development | * Doesn't talk in long and complicated sentences. * Information is muddled. * Noticeably uses nonspecific words when talking, e.g., ‘thing,’ ‘erm,’ ‘man’ instead of ‘doctor’ |
| **Social communication** | * Uses different language depending on who they are with, e.g., they use a more formal style with their teacher style at home. * Knows when other people haven’t understood them and then tries to help, e.g., by giving them more information or saying it in a different way and a relaxed | * Isn't able to change the style of the way they talk and talks to teachers and friends in the same way. * Has difficulty taking turns in conversations. * Finds it hard to join in group conversations. * Finds it difficult to understand language where the meaning is implied. * Takes things too literally. E.g., “I’ll be back in a minute.” | * Lego therapy * Educational social skills groups. * Refer to: Talking Point website www.talkingpoint.org.uk * Visual Aids * Team building activities. * Forest schools * Lunchtime activities setting based | * Often talks for long periods of time about the same subject. * No or limited interaction with peers. * Often inappropriate communication in social situations. * Lack of interest in interacting or playing with people (as expected for their age). * Does not respond to name (hearing is good). * Prefers no or limited eye contact. * Assessment required for referral process to paediatrician – see Neurodevelopmental Pathway process. |

**NEXT STEPS**

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| --- | --- |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, language skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the classroom to support children’s language and communication needs. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / home to support the child’s development. * Provide frequent intervention for a minimum of 1 term (ideally three times a week) as well as incorporating strategies used during everyday interactions. Then review progress and check with the referral booklet again. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) – these will be required if a referral is made. * Monitor and re-screen after **6 months** of intervention / using strategies - using the WellComm assessment, if appropriate. * If the child is still sitting within the yellow column for their current age when re-screened, continue with interventions and re-screen, referring back to the developmental checklist each term. * If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including pre- and post- WellComm screening sheets and intervention progress sheets (**Appendix A**). |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting staff should attend relevant training sessions run by the SALT service which provide information and intervention strategies to use in the setting to support the child’s language and communication needs. * **For all children**, refer to the white column which suggests interventions to carry out in the setting / at home to support the child’s development. * Provide frequent intervention for a minimum of one term (ideally three times a week) as well as incorporating strategies used during everyday interactions. * Progress sheets should be completed monthly with details of intervention provided and the child’s response to support (**Appendix A**) as these will be required if a referral is made. * Audiology referral strongly recommended. * Review progress after six months and check with the referral booklet again. * **Refer to SALT** if child remains in the blue column when reviewed – including all relevant assessments and intervention paperwork. **NB** Refer to Neurodevelopmental Pathway (below), if appropriate, for referral guidance when there are social communication concerns that may benefit from a diagnostic autism assessment |

**If there are speech sound concerns, go to the** [**speech**](#_Speech_Sounds) **section**

## Speech Sounds

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| **If you have concerns about a child’s speech sounds:**   1. Complete the speech sound screen (***Appendix Bi for children under 5 years or Bii for children aged 5 and over***). 2. After completing the speech sound screen, refer to the developmental checklist. Go to the child’s age and consider whether they fall into the green, yellow, or blue section. 3. Then return to this table and follow the guidance in the relevant section below. | |
|  | |
| **Child scores green on SLC developmental checklist for their age range** | * Do not refer, speech sound skills are within normal limits. |
| **Child scores yellow on SLC developmental checklist for their age range** | * Setting to complete Listening for Sounds Programme (for children up to the end of year 1) / phonological awareness activities over a half term / 3 months. * Key worker/s of children up to F2/Y1 to attend the ‘**Supporting children with speech sound difficulties’** training run by the SALT service. This training covers the Listening for Sounds Programme as well as general advice and strategies to support speech sound development. * Audiology referral strongly recommended. * After carrying out the Listening for Sounds Programme / phonological awareness intervention, monitor and repeat the speech sound screen (**Appendix Bi/Bii**) after **3 months**.  1. If the child is still sitting within the yellow column for their current age when re-screened, continue with the Listening for Sounds Programme / phonological awareness intervention and re-screen, referring back to the developmental checklist each half term.  2. If the child moves into the blue column for their current age when re-screened, **refer to SALT,** including copies of the speech sound screens completed and details of intervention carried out. Continue to carry out the Listening for Sounds Programme / phonological awareness intervention. |
| **Child scores blue on SLC developmental checklist for their age range** | * Setting to carry out Listening for Sounds Programme (for children up to the end of year 1) / phonological awareness activities. * Key worker/s to attend the ‘**Supporting children with speech sound difficulties’** training run by the SALT service. This training covers the Listening for Sounds Programme as well as general advice and strategies to support speech sound development. * Audiology referral strongly recommended. * **Refer to SALT,** including copies of the speech sound screens completed and details of intervention carried out. Continue to carry out the Listening for Sounds Programme / phonological awareness intervention. |

## Stammer / Stutter:

Complete the [referral form](#_Appendix_D_–) if any of the following conditions are met:

* Child frequently stammers/stutters e.g., repetitions, getting stuck, lengthening of sounds.
* Child is aware/anxious.
* Parent is concerned or there is a family history of stammering.

For further support, please follow this link to the British Stammering Association website: [www.stamma.org](http://www.stamma.org)

## Voice Quality:

Complete the [referral form](#_Appendix_D_–) if any of the following conditions are met:

* Child / Young Person presents with a hoarse voice.
* Child / Young Person presents with no voice or periods of no voice.

For further support, please follow this link to the British Voice Association website:

[www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk)

## Selective Mutism:

The Speech and Language Therapist’s role with children who have selective mutism is to carry out assessment to establish whether or not there is an underlying speech, language or communication difficulty. Once this assessment has been carried out, either intervention is offered to support that specific need, or the episode of care is ended.

Selective mutism is a term used to describe children and young people who talk comfortably with some people and in some situations but are silent or unable to talk freely to, or in the presence of other people.

Parents and setting staff are in the best position to provide a united, consistent approach with relevant support for the child or young person, to turn the situation around and therefore a referral to the speech and language therapy service may not be necessary.

Step 1 – Training.

Kent Community Health have given permission for Wirral residents to access their training. Please follow the link below to access the training. This is relevant for parents/carers and setting staff. The accompanying handouts can be downloaded, and the sessions accessed as many times as needed.

<https://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/>

Please note that these videos were developed by the Kent Community Speech and Language Therapy team as part of their pathway and the wider support mentioned in the videos can’t be accessed outside of Kent (i.e., the family support groups). If you have any technical problems, please do not contact Kent – check your local firewall settings, try on a different device, etc.

Step 2 – Referral

A [referral](#_Appendix_D_–) can be made to speech and language therapy if any of the following conditions are met:

* You have concerns that the child or young person has additional difficulties with the development of their speech, language, or communication – please refer to the checklists above for the child’s current age – this is evident even with people or in situations where they are comfortable and at ease.

## Neurodevelopmental Diagnostic Pathway for Autism

* The new pre-diagnostic Neurodevelopmental Pathway was launched in November 2021. For all children/young people requiring a diagnostic assessment for autism, schools are now required to refer directly to the 0-19 neurodevelopmental team and **no separate SALT referral is required.**
* If you have a child/young person who requires support for social communication difficulties (with no requirement for the Neurodevelopmental Pathway), you should refer into SALT using this referral pack if the referral criteria are met in the checklists above.
* **An observation profile (Appendix C) is required.**

**Option 1:**   
Setting has concerns around social communication skills.

**Option 2:**  
Setting has referred into the Neurodevelopmental pathway (as guided in option 1) but **also** has concerns about the child’s speech sounds, language, fluency, voice, selective mutism.

Neurodevelopmental Pathway referral required?

No

Yes

Refer to SALT referral pack (Table B, above) and provide recommended course of intervention in school for the speech/language/communication difficulty. Record intervention (Appendix B).

On review, does the child meet the criteria for referral?

Complete Neurodevelopmental Pathway referral form via the 0-19 neurodevelopmental team.

If a SALT assessment is required to support the Neurodevelopmental Pathway, the neurodevelopmental team will arrange the SALT assessment.

Yes

No

Continue with targeted support in school with regular monitoring.

Refer to SALT

Appendix A – Intervention Progress Record

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See Referral Guideabove. To be completed and submitted with referrals for speech, language and/or social communication concerns) e.g., WellComm intervention, Listening for Sounds Programme

INCLUDE TRAINING ATTENDED

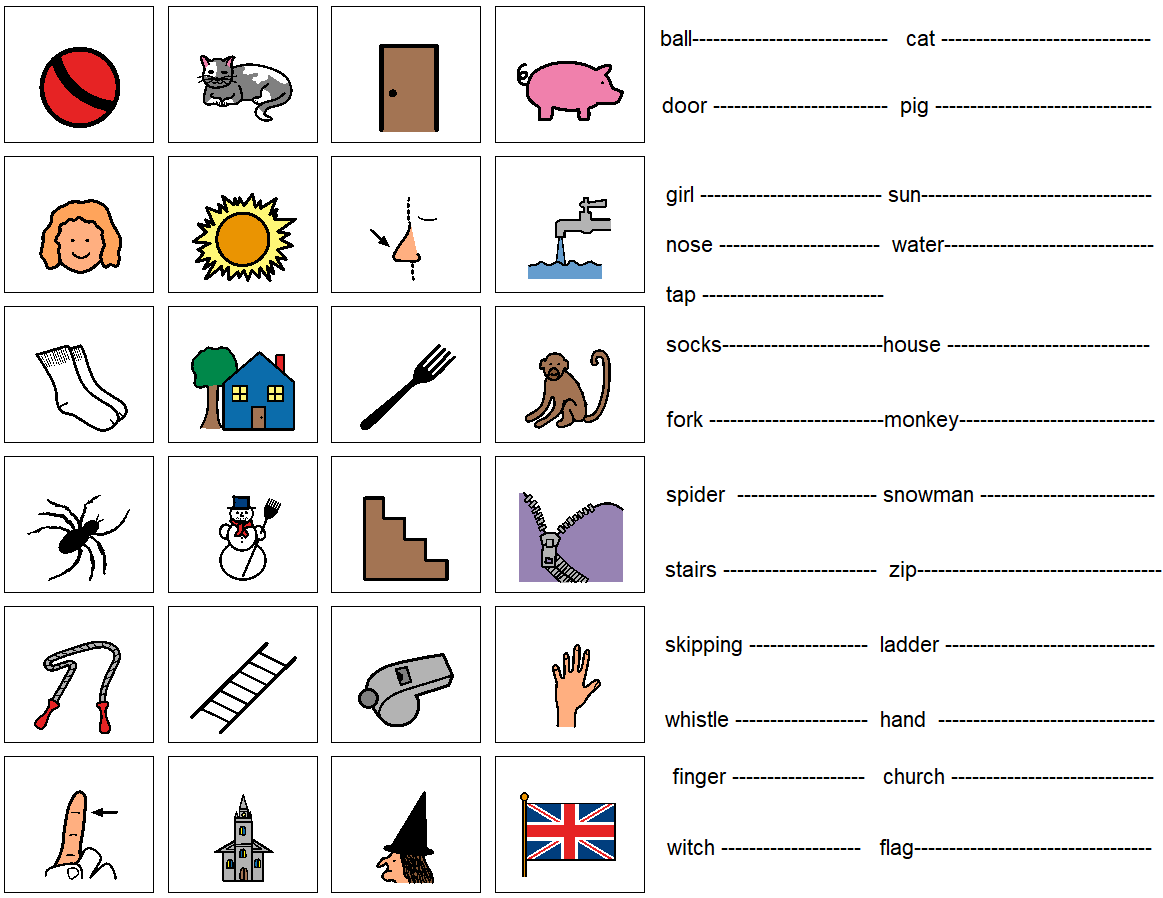
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| --- | --- | --- |
| **Date** | **Intervention / training attended,** | **Comments/Observation description (monthly summary)** |
| e.g., Oct 2022 | ‘Supporting children with speech sound difficulties.’  Listening for Sounds programme | 2 staff attended training.  Carried out Stage One and Two activities – Child X still needs support to identify a sound from a choice of 2 sounds |
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Appendix Bi – Speech Sound Screen for under 5s   
(See Table A in the Referral Pack. Screen to be completed and submitted with referrals for speech concerns)

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Show the child each picture. Ideally, they need to say the word without copying you. However, if the child does not know the name, give them a choice, e.g., is it a banana or whistle? Please write, as best you can, in the boxes what the child actually says for each picture, e.g., if child says ‘no’ for nose, write ‘no’.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date of 1st Screen** | **Date of 2nd Screen** |  | **Date of 1st Screen** | **Date of 2nd Screen** |
| **ball** |  |  | **cat** |  |  |
| **door** |  |  | **pig** |  |  |
| **girl** |  |  | **sun** |  |  |
| **nose** |  |  | **water** |  |  |
| **tap** |  |  | **socks** |  |  |
| **house** |  |  | **fork** |  |  |
| **monkey** |  |  | **spider** |  |  |
| **snowman** |  |  | **stairs** |  |  |
| **zip** |  |  | **skipping** |  |  |
| **ladder** |  |  | **whistle** |  |  |
| **hand** |  |  | **fingers** |  |  |



Appendix Bii – Speech Sound Screen for 5s and over   
(See Table A in the Referral Pack. Screen to be completed and submitted with referrals for speech concerns)

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Show the child each picture. Ideally, they need to say the word without copying you. However, if the child does not know the name, give them a choice, e.g., is it a banana or whistle? Please write, as best you can, in the boxes what the child actually says for each picture, e.g., if child says ‘no’ for nose, write ‘no.’

|  |  |  |
| --- | --- | --- |
| cat | pig | girl |
| tap | water | sun |
| monkey | spider | snowman |
| skipping rope | zip | ladder |
| hand | finger | thumb |
| shark | chocolate | teacher |
| jelly | plant | glasses |
| sleep | rabbit | brush |
| frog | train | strawberry |
| butterfly | ambulance | crocodile |
| spray | elephant | queen |

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## Appendix C – Observation Profile – Social Communication

**Observation Profile – Social Communication**

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| **Part 1: Teacher/SENCO to complete.**  **Give a brief “word picture” of the child within the class.**  **Note strengths as well as difficulties and describe any social communication characteristics observed.** |
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|  |
| **Part 2: Observed Behaviours in School Teacher/SENCO to complete.**  Key: 1 No cause for concern  2 Mild cause for concern  3 Moderate cause for concern  4 Serious cause for concern  5 Great cause for concern  **(If a concern is noted you MUST provide an example in the Comments)** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. **Social Interaction** | **1** | **2** | **3** | **4** | **5** | | 1. Ability to use gesture, body posture, facial expression, and eye to eye gaze in 1:1 situations. |  |  |  |  |  | | 1. Ability to use gesture, body posture, facial expression, and eye to eye gaze in group interaction. |  |  |  |  |  | | 1. Ability to follow social cues in 1:1 – with adults. |  |  |  |  |  | | 1. Ability to follow social cues in 1:1 – with other children. |  |  |  |  |  | | 1. Ability to follow social cues in group interaction. |  |  |  |  |  | | 1. Ability to share an activity with other children. |  |  |  |  |  | | 1. Ability to share an activity with an adult. |  |  |  |  |  | | 1. Ability to develop peer friendships. |  |  |  |  |  | | 1. Ability to seek comfort/affection when upset. |  |  |  |  |  | | 1. Ability to offer comfort/affection to others. |  |  |  |  |  | | 1. Ability to share in others’ enjoyment/pleasure. |  |  |  |  |  | | 1. Ability to imitate other children. |  |  |  |  |  | | 1. Ability to imitate adults. |  |  |  |  |  | | 1. Ability to show different responses to different people in different situations. |  |  |  |  |  | | 1. Ability to respond appropriately to social praise. |  |  |  |  |  | | 1. Ability to respond appropriately to criticism. |  |  |  |  |  | | **Comments:** | | | | | | |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. **Social Communication** | **1** | **2** | **3** | **4** | **5** | | 1. Ability to respond when called by name. |  |  |  |  |  | | 1. Ability to follow verbal instructions in 1:1 setting. |  |  |  |  |  | | 1. Ability to follow instructions in a small group setting. |  |  |  |  |  | | 1. Ability to follow verbal instructions in a whole class setting. |  |  |  |  |  | | 1. Ability to take turns in conversations. |  |  |  |  |  | | 1. Ability to initiate conversation. |  |  |  |  |  | | 1. Ability to change topic of conversation. |  |  |  |  |  | | 1. Ability to maintain an appropriate conversation. |  |  |  |  |  | | 1. Ability to show awareness of the listener’s needs. |  |  |  |  |  | | 1. Ability to give appropriate non-verbal signals as a listener. |  |  |  |  |  | | 1. Ability to change the topic or style of a conversation to suit the listener. |  |  |  |  |  | | 1. Ability to appropriately change the tone and volume of their voice. |  |  |  |  |  | | 1. Ability to recognise and respond to non-verbal cues e.g., a frown. |  |  |  |  |  | | 1. Ability to understand implied meanings. |  |  |  |  |  | | 1. Ability to tell or write an imaginative story. |  |  |  |  |  | | 1. Ability to relate a sequence of events. |  |  |  |  |  | | 1. Ability to give a simple sequence of instructions. |  |  |  |  |  | | **Comments:** | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. **Social Imagination and Flexible Thinking** | **1** | **2** | **3** | **4** | **5** | | 1. Ability to have varied interests. |  |  |  |  |  | | 1. Ability to share interests. |  |  |  |  |  | | 1. Ability to change behaviour according to the situation. |  |  |  |  |  | | 1. Ability to accept changes in rules, routines, or procedures. |  |  |  |  |  | | 1. Ability to play imaginatively when alone. |  |  |  |  |  | | 1. Ability to play imaginatively together with others. |  |  |  |  |  | | 1. Ability to accept others’ point of view. |  |  |  |  |  | | 1. Ability to generalise learning. |  |  |  |  |  | | 1. Ability to transfer skills across the curriculum. |  |  |  |  |  | | 1. Ability to plan an event or a task. |  |  |  |  |  | | 1. Ability to suggest possible explanations for events. |  |  |  |  |  | | 1. Ability to use inference and deduction. |  |  |  |  |  | | **Comments:** | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. **Motor and Organisational Skills** | **1** | **2** | **3** | **4** | **5** | | 1. Ability to find his way around the classroom. |  |  |  |  |  | | 1. Ability to find his way around the school. |  |  |  |  |  | | 1. Ability to sit still. |  |  |  |  |  | | 1. Ability to sit amongst a small group. |  |  |  |  |  | | 1. Ability to sit amongst a large group e.g. In assembly. |  |  |  |  |  | | 1. Ability to find and organise the equipment he needs for a given task. |  |  |  |  |  | | 1. Ability to write legibly and draw accurately. |  |  |  |  |  | | 1. Ability to get changed without help e.g. For P.E. |  |  |  |  |  | | 1. Ability to organise his movements in P.E and Games. |  |  |  |  |  | | **Comments:**   |  | | --- | | **Part 3: Prioritise the 3 Difficulties Which Cause you the Greatest Concern:**  **Teacher/SENCO to complete** | | 1) | | 2) | | 3) | | | | | | |  |  | | --- | | **Note the settings or situations in which the Child Shows Anxiety, Stress or Frustration:**  **E.g., P.E. in the hall at transition times/sitting amongst a large group.** | |  | |
|  |
| |  | | --- | | **Please tell us what strategies / interventions are in place in school to support and manage difficulties and behaviours** | |  |  |  | | --- | | **Part 4: Parent/Carers to complete Prioritise the 3 Difficulties Which Cause you the Greatest Concern:** | | 1) | | 2) | | 3) | |

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| |  | | --- | | **Please tell us what strategies you use at home to support and manage your child’s difficulties and behaviours.** | |  | |
| |  | | --- | | **Have you attended any parent courses/workshops related to social communication development/autism/child development? If yes, please give details.** | |  |  |  | | --- | | **Do you access support from any other agencies e.g., Autism Together? If yes, please give details.** | |  | |

## Appendix D – Referral Form

**Points to remember when making a referral to Speech and Language Therapy:**

* The speech and language therapy referral form must be completed in full.
* Staff supporting the child should have attended relevant training before making a referral (as indicated on the referral form). Free training run by the speech and language therapy service is available for all setting staff. This can be accessed from the universal training offer provided to all settings.
* Evidence of interventions carried out to support the child’s speech, language and communication need(s) should be attached (Appendix B).
* Details must be provided about what support is being requested from us over and above the training and current interventions.
* For children in year 2 and below, all referrals for language and/or social communication concerns must include a full WellComm screen. Referrals will be rejected if WellComm screens are not completed and attached.
* For children who are presenting with speech sound difficulties, a speech sound screen (Appendix Bi or Bii) should be completed and attached to the referral, and the Listening for Sounds programme carried out with children up to the end of year 1.
* For children with social communication difficulties, an observation profile must be completed (Appendix C). For further details on referrals for children with significant social communication concerns, see the Neurodevelopmental Pathway, below.
* If you are unsure whether the child meets the referral criteria, you can phone the department on 0151 514 2334 and book a telephone advice appointment with a speech and language therapist.
* A referral to audiology would be recommended when there are concerns around a child’s speech, language, or communication development. Settings can advise parent/carers to request a referral via their GP, Health Visitor or School Nurse.

Where appropriate, signpost families to relevant local services, such as Children’s Centre groups and Family Toolbox.

**Paediatric Speech and Language Therapy Referral Form – Under 5 years**

**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 via email to [wchc.childrenssaltteam@nhs.net](mailto:wchc.childrenssaltteam@nhs.net) or via SystmOne.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  | | --- | --- | --- | | **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** |  |  | | **Other** |  |  | | | |
| ***Reason for Referral***  **Please comment on the child’s ability in all the sections below if there are concerns.**   |  | | --- | | **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 🞏**  If yes, please provide details below. | | **Fluency of speech (stammering)**  Is this an area of concern?Yes 🞏 No 🞏 | | **Any other information:** | |  | | | |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Pre-referral Screening required – refer to referral guide and booklet** | | |
| WellComm screen carried out | Yes 🞏 | No 🞏  Please see referral guide before submitting your referral |
| WellComm score sheets attached to referral. | Yes 🞏 | No 🞏  Please see referral guide before submitting your referral |
| WellComm intervention currently provided including frequency of input: | | |
| Phonology Screen Carried Out | Yes 🞏 | No 🞏 |
| 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 🞏  **I consent to the Speech and Language Therapy service sending text message and email reminders for appointments** 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Organisation­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| ***Please return Speech and Language Therapy Department***  **Via post:**  Children’s Speech & Language Therapy, Highfield Centre, Victoria Central Health Centre, Mill Lane, Wallasey, Wirral, CH44 5UF    **Via email:** [wchc.childrenssaltteam@nhs.net](mailto:wchc.childrenssaltteam@nhs.net)    ***If you have any enquiries, please call our office on 0151 514 2334*** | | |

**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](mailto:wchc.childrenssaltteam@nhs.net) or **by post (below)**

We cannot accept referral without consent from person with Parental Responsibility

|  |  |  |
| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  | | --- | --- | --- | | **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** |  |  | | | |
| ***Reason for Referral***  **Please comment on the child’s ability in all the sections below.**   |  | | --- | | **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 🞏 | |  | | **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:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **School** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** | | **Parent/Carer** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** | | **Child** | None **🞏** | Mild **🞏** | Moderate **🞏** | Severe **🞏** | | |  | | | |
| ***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](mailto:wchc.childrenssaltteam@nhs.net)    ***If you have any enquiries, please call our office on 0151 514 2334*** | | |