SPEECH AND LANGUAGE THERAPY SERVICE

NHS Airedale NHS Foundation Trust

REFERRAL FOR SPEECH AND LANGUAGE THERAPY

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

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

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

SPEECH AND LANGUAGE THERAPY SERVICE
REFERRAL INFORMATION

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

_____

_____

_____

EDUCATIONAL INFORMATION (If child is in an Educational Setting)

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

_____

_____

_____

Does the child have a statement / EHCP? _____

Has an EHCP been applied for? _____

CONSENT

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

Signature of Person with Parental Responsibility…… **Date**……

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

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

Incomplete Referral Forms / Checklists may be returned to the referrer

Thank you

FOR ADMINISTRATION PURPOSES ONLY

Date received ……

☐ Form fully completed

☐ Checklist completed

NHS
Airedale
NHS Foundation Trust

SCHOOL AGE REFERRAL CHECKLIST

NAME OF CHILD: ..... **DOB**: .....

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

☐ **ATTENTION AND LISTENING**

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

Your examples: .....

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.....

☐ **UNDERSTANDING**

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

Your examples: .....

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☐ **SPOKEN LANGUAGE**

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

Your examples: .....

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.....

☐ **USING SPEECH SOUNDS**

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

Your examples: .....

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.....

☐ **SOCIAL COMMUNICATION**

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

Your examples: .....

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.....

☐ **STAMMERING**

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

Your examples: .....

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☐ **VOICE QUALITY**

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

Your examples: .....

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LEVELS OF CONCERN

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

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

LITTLE CONCERN ⟷ VERY CONCERNED

What is the level of professional's concern? 1_____5_____10

What is the level of child/student's concern? 1_____5_____10

What is the level of parental concern? 1_____5_____10

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

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