PAEDIATRIC SPEECH AND LANGUAGE THERAPY DEPARTMENT

SPECIAL SCHOOLS QUESTIONNAIRE

NAME OF CHILD		DATE OF BIRTH	
SCHOOL			
NAME OF STAFF COMPLETING FORM		DESIGNATION	
NAME OF PARENT/CARER COMPLETING FORM		RELATIONSHIP TO CHILD	

Does the Child have a medical diagnosis / diagnoses?   **Yes / No**
If yes, please state:

What are your main concerns about the child's communication? Please circle:
 	
 Social interaction
 	
       Speech sounds
 	
          Stammer
 	
           Understanding language
 	
             Using language
 	
 Other? please state:

Is there any other relevant information? (e.g. family history, additional home languages, safeguarding information etc)

PLEASE TURN OVER

The following table is to be completed **in full** by the **both school staff and parent / carer**, and returned to us at the address below, **before we will accept the referral.**

If you have any questions that prevent you from completing it, you are welcome to contact us on 0121 722 8010 and a member of management / special schools staff will be happy to help.

	Teacher / School's Comments *For staff to complete about how the child presents at school*	**Parent / Carer's Comments** *For parent / carer to complete about how the child presents at home*
HOW does the child communicate? e.g. they may use: - the spoken word - gesture, pointing, taking you by the hand - signs e.g. Makaton - eye gaze, eye contact - symbols (please specify, e.g. PECS, PODD, communication book / boards etc) - electronic communication aids e.g. voice output devices, switches		
WHY does the child communicate? e.g. this might be: - to gain attention - to give greetings - to express wants / needs (to request) - to ask questions - to comment / express opinions (including likes / dislikes) - to protest / refuse Does the child *initiate* communication?		
WHERE / WHEN / WITH WHOM do they communicate? e.g. - at home / at the shops - when happy / sad / tired /excited - with teacher / other children / Mum / siblings / pets etc Are there any places / times / people where they specifically *don't* communicate?		

What strategies are you already using to support the child's communication? Please provide a copy of the school's personal learning plans for this child.		
Has the child been seen by a SLT before? If so: - **When?** - **What did they advise?** - **What, if any, progress has the child made with their targets?** Please provide any current / most recent care plans / target sheets / advice given from SLT if they have been seen before.		
Why do you feel the child needs a new referral to SLT? e.g. do you feel the strategies previously given are no longer relevant / beneficial etc? Please explain.		
Do you feel the child's communication difficulty is in line with their learning ability?		
Is there a mis-match between what they can understand and what they are able to express? (e.g. can they understand more than they can express? Or the other way round?)		

Please describe your child's personality
e.g. do they exhibit challenging behaviours?
    are they motivated to attend to adult-led directions?
    do they display any particular behaviours such as sensory seeking / avoidance etc		

How frequently do you feel the child's communication difficulty impacts on their behaviour, and in what ways?		
Do you feel the child is aware of and / or concerned by their communication difficulty?		
Please state who is available to support this child's communication targets and how often. *Our Service provides assessment and advice with a view to this being carried out by adults who see the child on a regular / daily basis (school staff and parents / carers at home). It is only worth us providing advice if there are people available to carry it out.*		
Please outline your main concerns and your hopes for Speech and Language Therapy for this child.		
Any other comments (please continue on a separate sheet if required, and attach to this form).		

Please also send us any other information that you feel is relevant (e.g. IEPs, reports, child's drawing/writing).

Thank you for completing this questionnaire

✉ **Please return completed forms to:**

Children's Speech & Language Therapy Department
Chelmsley Wood Primary Care Centre, Crabtree Drive, Birmingham, B37 5BU
☎Tel: 0121 722 8010