

Paediatric Speech & Language Therapy Referral Form – Communication Referrals only

(Do not use for **Dysphagia**, i.e. eating/drinking/feeding/swallowing difficulties, a separate referral form is available)

We request that parents and the child's educational setting/school/nursery if applicable to work in partnership to complete this form.

Section 1 – Child's information - referrer/parent/carer to complete

Section 2 – Consent to Video calls - parent/carer to complete

Section 3 – Parent/carer & Educational setting/School/Nursery to complete

Section 4 – Consent and Referrer details

Section 1 – Child's Information

Child's first name/s:	Child's Family name:
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Date of Birth:	NHS No:
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Address:	Male / Female (please circle)
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	Telephone No:
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Postcode:	Mobile:
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First Language:	Interpreter needed? Yes / No (please circle)
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Please circle ethnic code:			
	A	Asian/Asian British- Pakistani	J
White - British	B	Asian/Asian British – Bangladeshi	K
White - Irish	C	Any Other Asian Background	L
Any Other White Background	D	Black/Black British Caribbean	M
Mixed - White & Black Caribbean	E	Black/Black British African	N
Mixed – White & Black African	F	Any other Black Background	P
Mixed – White & Asian	G	Other Ethnic Groups – Chinese	R
Any Other Mixed Background	H	Other Any Other Ethnic Group	S
Asian/Asian British- Indian		Not Stated	Z

Any existing diagnosis/known medical condition?	
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Any known allergies?	
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Any medication?	
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Child's G.P

Name of GP:	Tel No:
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Address of GP:	
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Post code :	
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Details of all persons with Parental Responsibility

Name:	Name:
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Relationship to child:	Relationship to child:
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Address:	Address:
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Postcode:	Postcode:
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Contact No:	Contact No:
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Mobile No:	Mobile No:
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Any issues with home visits?

Details of other children/young people in the family	
Names of children in family	Dates of birth:

Childcare/Pre-School/Educational Setting:			
Name	Address	Telephone	Contact Person and email address
Year Group:		Name of Teacher:	
When do they attend?			
How do you feel your child is getting on here?			
Is the child achieving within the expected range across the curriculum? Yes/No			
If No please give details:			
Is the child receiving any extra help at school?			
<i>Please also send us any other information that you feel is relevant (e.g. IEPs, reports, child's drawing/writing).</i>			
Is your child on the Special Educational Needs & Disability (SEND) Code of Practice?			
No	SEN Support		Has a statement of SEN or EHC plan?

Key people/agencies involved (past or present) Please attach any relevant information from these people (e.g. Playplans/IEPS, reports, details of strategies or interventions), ensuring parental/carer's consent has been given.			
Name	Role/Agency	Contact Details	Reason for involvement
Legal Care Status			
Is the child/young person adopted? Yes / No		Is the child/young person looked after? Yes / No	
Placing authority:		Placing authority: Interim Care Order / Care Order / Section 20 / Placement Order / Other:	
Date of Adoption Order:		Were the Foster Carers approved by Solihull? Yes / No	
Allocated Social Worker		If no, by whom? Social Work Team	
Email & contact number		Foster Carers' Link Worker & Contact Number	
Is this child on a child protection plan? Yes / No		Is this child entitled to NHS treatment? Yes / No	

PLEASE NOTE BELOW, THE RESOURCES YOU HAVE ACCESSED FROM THE WEBSITE AND HOW THEY HAVE HELPED YOUR CHILD - <https://childrenscommunitytherapies.uhb.nhs.uk/speech-and-language-therapy/>

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Reason for Referral;

Paediatric Speech & Language Therapy Service will see children where there are concerns about communication and fall into the following category:

- Children with 2 year funding from Solihull council in Solihull early years settings
- Children aged between 0-18 years who have a Solihull GP.
- Children up to 19 years of age if they are in full-time education within a Solihull special school

AREA OF CONCERN	PLEASE ONLY COMMENT ON AREAS OF CONCERN, GIVE AS MUCH INFORMATION AS POSSIBLE. PLEASE ENCLOSE REQUESTED DOCUMENTS AND COPIES OF ANY OTHER USEFUL INFORMATION (e.g. reports, IEPs or alternative screening tool)
Early Years (2-Year-Funded Nursery Placements only)	Include EYFS profile, EY setting questionnaire
Understanding of spoken language	Include ASQ3/EYFS/National Curriculum/Language Link profile
Spoken language	Include ASQ3/EYFS/National Curriculum/Language Link profile
Speech sounds	Include ASQ3/EYFS/National Curriculum/Language Link profile
Social Interaction	Include ASQ3/EYFS/National Curriculum/Language Link profile
Fluency	Include ASQ3/EYFS/National Curriculum/Language Link profile
Voice	Include ASQ3/EYFS/National Curriculum/Language Link profile

Section 2 – Consent to Video Calls

CONSENT FOR VIDEO CONSULTATIONS – for Parent/Carer to complete

Due to current circumstances surrounding COVID 19 and social distancing guidelines, we are at present adopting a 'virtual first' approach (i.e. not face to face appointments). This will likely involve video consultation/s for at least some of your child's speech and language therapy (SLT) appointment/s and, depending on your child's needs, may include:

- SLT video appointments with you (parent/carers) only
- SLT video appointments with you (parent/carers) and the child
- SLT video appointments with you (parent/carers) and a member of staff from your child's nursery/school, with or without the child present
- SLT video appointments with your child's school/nursery only
- SLT video appointment with your child's school/nursery and the child
- You or education staff showing the SLT pre-recorded footage of your child over the video call
- Group video sessions with other parents/carers and/or education staff, where everyone can share their experience and receive support. Access to these sessions will be controlled to prevent people joining that shouldn't. On these calls you are invited but are not obliged to provide details of your child's communication strengths/needs.

NB: For video calls that take place in education settings; whilst we endeavour to conduct video calls in a private room, we are not in control of the education staff's environment and therefore it is possible that discussions may be overheard by others in the nursery or school setting who are in the background vicinity of the call.

If you consent for video calls taking place then please follow the instructions below and be aware that should you wish to withdraw this consent in future then please contact us directly to do so.

Please provide your email address so that we can send your child's video appointment invitation to you, including the link for you to click on to access the video call.

Please note, if you do not provide your email address, we can only offer telephone calls.

Email address:

Please provide your child's nursery/ school name (so that we can send the invitation directly to them) and the days and times your child attends their nursery/school.

Child's nursery/school setting:.....

Times and Days they attend this setting:.....

We will assume you consent to your child, and on occasions pre-recorded footage of your child, being on video calls to us with yourself and/or your child's nursery/school also present on the call (i.e. this may sometimes be both parent/carers and education staff present and sometimes just the parent/carers and child without education staff, and sometimes just the child and education staff without the parent/carers).

We will assume this consent remains indefinitely unless you inform us otherwise.

We will also assume that you are happy for us to send the video link to the email addresses you have provided, and that if these email addresses change you will notify us of this.

Please include details of any of the above you do not consent to:

Section 3 – PARENT/CARER & NURSERY OR SCHOOL SETTING QUESTIONNAIRE (for parents/carers & nursery or school setting staff to complete) Listed below are areas in which Speech & Language Therapy may be able to help. Please write 'yes,' 'no' or 'sometimes' in the RESPONSE box, and feel free to add additional information in the comments box at the end (noting the corresponding question number).

NATURE OF DIFFICULTY	PARENT/CARER RESPONSE	NURSERY OR SCHOOL SETTING RESPONSE
ATTENTION		
1. Does the child focus their attention very briefly?		
2. Can the child engage in an adult-led activity of interest to them?		
UNDERSTANDING LANGUAGE		
3. Does the child understand familiar routines and words?		
4. Does the child follow long or unusual instructions? e.g. Put your book on your head?		
5. Does the child often repeat things you've said but struggle to follow the instruction?		
6. Does the child give the wrong answer to a question? (although it may be linked) e.g. What is your sister's name? My name is Sophie		
SPOKEN LANGUAGE		
7. How many words do you think the child says?		
8. Does the child often use the wrong word when talking?		
9. Does the child have difficulty constructing sentences?		
10. Does the child have difficulty remembering new words?		
SPEECH SOUNDS		
11. Can you understand what the child is saying?		
12. Can unfamiliar people understand what the child is saying?		
13. Does the child use one sound instead of another in words? e.g. 't' instead of 'k/c'		
14. Does the child jumble up the sounds in words or only use a few sounds when talking?		
15. Does the child say some words differently every time they say them?		

NATURE OF DIFFICULTY	PARENT/CARER RESPONSE	NURSERY OR SCHOOL SETTING RESPONSE
FLUENCY		
16. Does the child repeat words/sounds/phrases or appear to get stuck when talking?		
17. Does the child appear tense or frustrated when talking?		
PLAY AND INTERACTION		
18. Does the child prefer to play on their own and struggle to share toys with their peers?		
19. Please give examples of toys the child likes to play with?		
SOCIAL COMMUNICATION		
20. Does the child have difficulties taking turns or using eye contact?		
21. Does the child make irrelevant comments?		
22. Does the child interrupt or change the topic of the conversation?		
23. Does the child use inappropriate volume, intonation or voice?		
24. Does the child laugh at the wrong time?		
25. Does the child talk the adult role?		
GENERAL DEVELOPMENT		
26. Do you have any concerns about the child's general development (other than their communication skills)?		
27. Has the child's Health Visitor / School reported any concerns about your child's general development (other than their communication skills)?		
28. Does the child use a dummy/bottle?		
29. Do you have any worries about the child's hearing? When was their hearing last tested?		
MOTOR SKILLS		
30. Is the child able to move around as appropriate for their age (e.g. crawling, walking)		
31. Is the child able to dress themselves as appropriate for their age?		
32. Can the child use fine motor skills as appropriate for their age? (e.g. hold/use cutlery)		

NATURE OF DIFFICULTY	PARENT/CARER RESPONSE	NURSERY OR SCHOOL SETTING RESPONSE
TOILETING		
33. Is the child toilet trained as appropriate for their age?		
BIRTH DETAILS		
34. Was the child born full term?		
35. Were there any complications at birth?		
FAMILY HISTORY		
36. Is there a family history of any speech, language, communication, hearing or learning difficulties? Please give details.		
ADDITIONAL COMMENTS THAT WILL SUPPORT THIS REFERRAL		

FUNCTIONAL COMMUNICATION	Parent / Carer Comments	Nursery or School setting Comments
<p>HOW does the child communicate?</p> <p>(Tick / circle those that apply) E.g. they may use:</p> <ul style="list-style-type: none"> - the spoken word - sentences - 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 		
<p>WHY does the child communicate?</p> <p>(Tick / circle those that apply) e.g. this might be:</p> <ul style="list-style-type: none"> - 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 - to play with others <p>Does the child <i>initiate</i> communication? Or do they tend to rely on answering or copying what you say to them?</p>		

FUNCTIONAL COMMUNICATION	Parent / Carer Comments	Nursery or School setting Comments
<p>WHERE / WHEN / WITH WHOM do they communicate? e.g.</p> <ul style="list-style-type: none"> - at home / at the shops - when happy / sad / tired /excited - with teacher / other children / Mum / siblings / pets etc <p>Are there any places / times / people where they specifically <i>don't</i> communicate?</p>		
<p>What strategies are you already using to support the child's communication?</p> <p><i>Please provide a copy of the school's personal learning plans for this child.</i></p>		
<p>Has the child been seen by a SLT before? If so:</p> <ul style="list-style-type: none"> - When? - What did they advise? - What, if any, progress has the child made with their targets? <p><i>Please provide any current / most recent target sheets / advice given from SLT if they have been seen before.</i></p>		

FUNCTIONAL COMMUNICATION	Parent / Carer Comments	Nursery or School setting Comments
<p>Why do you feel the child needs a new SLT referral?</p> <p>e.g. do you feel the strategies previously given are no longer relevant / beneficial etc? Please explain.</p>		
<p>Do you feel the child's communication difficulty is in line with their general development for their age? E.g. their play skills, social skills, and their awareness of their surroundings?</p>		
<p>Is there a mis-match between what the child can understand and what they are able to express? (e.g. can they understand more than they can express? Or the other way round?)</p>		
<p>Please describe your child's personality e.g.</p> <p>37. they exhibit challenging behaviours?</p> <p>38. are they motivated to attend to adult-led directions?</p> <p>39. do they display any particular behaviours such as sensory seeking / avoidance etc</p>		
<p>How frequently do you feel the child's communication difficulty impacts on their behaviour, and in what ways?</p>		

FUNCTIONAL COMMUNICATION	Parent / Carer Comments	Nursery or School setting Comments
<p>Do you feel the child is aware of and / or concerned by their communication difficulty?</p>		
<p>Please state who is available to support this child's communication targets and how often.</p> <p><i>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.</i></p>		
<p>Please outline your main concerns and your hopes for Speech and Language Therapy for this child.</p>		
<p>Any other comments</p> <p><i>(please continue on a separate sheet if required, and attach to this form).</i></p>		

Name of staff member completing questionnaire:.....

Name of parent/carer completing questionnaire:.....

OUTCOME MEASURES – FOR PARENTS/CARERS TO COMPLETE ONLY

In order to help us to ensure we are providing as high quality a service as can be, please score your feelings on the following questions.

Outcome Measures	
	Scoring 0 – 5 (extremely – not at all)
How concerned are you about your child's communication?	0 1 2 3 4 5
Does your child struggle to communicate their thoughts, wants and needs? (For example - Can they ask for things like toys, drinks, food? Can they express their feelings, let you know they are happy or not happy? Can they reject things they don't like?)	0 1 2 3 4 5
Is your child aware of difficulty communicating? (For example - Do they get frustrated or upset?)	0 1 2 3 4 5
How confident do you feel in supporting your child to communicate?	0 1 2 3 4 5
I believe that the Speech and Language Therapist is the best person to develop my child's communication skills in everyday life.	0 1 2 3 4 5

Section 5 – Consent and Referrer details

Please return this completed form to:

**Paediatric Speech & Language Therapy
Chelmsley Wood Primary Care Centre
Crabtree Drive
Birmingham
B37 5BU**

Tel: 0121 722 8010

Consent for this Referral and Information Sharing: (*Informed consent in this section must be obtained by parent/guardian before submitting a request for a referral and to share information with other agencies regarding the speech and language needs of your child*).

I/We give consent for a referral for assessment to be made for the above named child to the service(s) indicated above.

Signed:

Relationship to child:

Date:

Referrer Details:

Name:

Address:

Designation:

Contact Number:

Referrers Signature: