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| (**SLT Admin Purposes Only)** | **SPEECH AND LANGUAGE THERAPY****REQUEST FOR SPEECH, LANGUAGE AND COMMUNICATION (SLC) SUPPORT** **FOR CHILDREN NOT YET ATTENDING SCHOOL SETTINGS** |  |
| Date received: |
| **Click here to enter a date.** |
| Chronological Age: |
| **Click here to enter text.** |
| Route: |
| **Choose an item.** |

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| **Patient Surname:** | Click here to enter text. |
| **Patient First Name:** | Click here to enter text. |
| **Date of Birth:** | Click here to enter text. |
| **Sex:** | Click here to enter text. |
| **NHS Number:** | **Click here to enter text.** |
| **Ethnicity:** | **Choose an item.** |
| **Religion:**  | **Choose an item.** |
| **Address :** | **Click here to enter text.** |
| **Date of Request for Support:** | **Click here to enter a date.** |
| **Referred By:**Name: | **Click here to enter text.** |
| Designation: | **Click here to enter text.** |
| Department: | **Click here to enter text.** |
| Other: | **Click here to enter text.** |
| Contact Address: | **Click here to enter text.** |
| Contact Number: | **Click here to enter text.** |
| Email Address:Team / Setting Email Address: | **Click here to enter text.****Click here to enter text.** |
| **GP:** | **Click here to enter text.** |
| **Next of Kin**Name: | **Click here to enter text.** |
| Relationship to Patient: | **Click here to enter text.** |
| Home Telephone: | **Click here to enter text.** |
| Mobile Telephone: | **Click here to enter text.** |
| Other Telephone: | **Click here to enter text.** |
| **Nursery**Nursery:Other: | **Choose an item.** **Click here to enter text.** |
| **Special Communication /****Access Requirements:**Do any reasonable adjustments need to be made for the family?Interpreter Required:Language:If other:  | (Please give specific requirements)**Click here to enter text.**Choose an item.**Choose an item.****Click here to enter text.**  |
| Correspondence regarding this request to be copied to yourself? |  Invite letter to book appointment? **Choose an item.**Appointment confirmation letter? **Choose an item.**  |
| **Do parents / carers feel that there is a problem in the child’s home language?** | **Click here to enter text.** |
| **Other professionals involved:****(provide name if known)** | **Please provide relevant reports and/or assessments if applicable** |
| Audiology: | **Choose an item.** | **Click here to enter text.** |
| Date and result of recent hearing test: | **Click here to enter text.** |
| Consultant Paediatrician: | **Choose an item.** | **Click here to enter text.** |
| Starting Life Well/Early Help Practitioner: | **Choose an item.** | **Click here to enter text.** |
| ENT: | **Choose an item.** | **Click here to enter text.** |
| Other: |  |  |
| **Involvement from Social Services:**If Yes, threshold of need:**Looked After Child:** | **Choose an item.****Choose an item.****Choose an item.****Click here to enter text.** |
| **Results:****ASQ3 Communication (0-19 team):****ASQ SE (0-19 and EHP):**  | **Choose an item.** |
| **Choose an item.** |
| **Most recent WellComm:** **(0-19; EHP; settings where in use)** Non-health practitioners: please attach Well Comm Score sheet.  | Choose an item. |
| **What strategies/interventions, e.g. WellComm activities, have you used or advised on to develop the child’s speech / language / communication skills?** Please include a copy of the child’s latest Play Plan / Intervention targets where applicable. |  |
| **Has this child previously had support from the Speech and Language Therapy Department? (If yes, please state what this was).** |  |
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| **What do you hope to gain from this request for support?** | Choose an item. |

**PLEASE COMPLETE THE FOLLOWING SECTIONS (page 3) IF THE CHILD:**

* **SCORED BLACK ON ASQ**
* **RED ON WELLCOMM**
* **OR IF YOU HAVE ADDITIONAL INFORMATION THAT WOULD SUPPORT A REQUEST FOR AN ASSESSMENT BY A SPEECH AND LANGUAGE THERAPIST**

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| **Please refer to the age-related norms at** [**www.talkingpoint.org.uk**](http://www.talkingpoint.org.uk) **and describe the child’s difficulties in each area, providing as much detail as possible and including relevant examples.** |
| **COMPREHENSION**Difficulties understanding what is said and following instructions. *If yes, please describe* | **Choose an item.** **Click here to enter text.** |
| **EXPRESSIVE LANGUAGE** Difficulties expressing him / herself using appropriate vocabulary and sentences*If yes, please describe* | **Choose an item.** **Click here to enter text.** |
| **SPEECH CLARITY**Difficulties using clear speech appropriate to age*If yes, please describe* | **Choose an item.** **Click here to enter text.** |
| **SOCIAL INTERACTION**Difficulties interacting appropriately with peers and adults verbally and non-verbally*If yes, please describe* | **Choose an item.** **Click here to enter text.** |
| **FLUENCY SPEECH / STAMMERING**Difficulty with speaking fluently without excessive pausing, repetition or stretching out sounds*If yes, please describe* | **Choose an item.** **Click here to enter text.** |
| **GENERAL DEVELOPMENT /OTHER**e.g. Childs Play Skills, behaviour, attention and listening skills | **Click here to enter text.** |
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| **CHECKLIST** | **Yes** | **N/A** |
| Have all sections been completed? |[ ] [ ]
| Has verbal consent for the request for support been obtained from parent / carers? |[ ] [ ]
| Have you included copies of relevant reports? |[ ] [ ]
|  |  |  |
| Have you included a copy of the EYFS tracker if applicable? |[ ] [ ]
| Have you included copies of all Play Plan targets where applicable? |[ ] [ ]
|  Have you included a copy of the WellComm results/score sheet if applicable?  |[ ] [ ]

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| **For admin use;****Decision:** Accepted **Appointment type**: EYs IA [ ]  Talking Tots [ ]   **Triaged by**: **Date: Diagnosis Code:** **Decision:** Declined **SLT**: Email sent [ ]  **Admin**: Add to EPR  |