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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.** |
| |  |  |  | | --- | --- | --- | | **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? |  |  | | |
| **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 | |