**PRIMARY SCHOOLS REFERRAL FORM SPEECH AND LANGUAGE THERAPY**

*Please note that this form will be returned if essential information is not provided.* *Areas marked with \* are mandatory in order for form to be processed. Thank you*

|  |  |  |
| --- | --- | --- |
| ***Name\*:*** | ***NHS No\*:*** | |
| ***Male/Female (please circle)*** | ***DoB\*:*** | ***Age:*** |
| ***Address\*:***  ***Postcode:*** | ***Ethnic Origin\*:*** | |
| ***Tel No\*:*** | |
| ***Other Tel No:*** | |
| ***What language(s) does the child understand and speak at home? \**** | | |
| ***How long has the child been learning English for? \*:***  ***Since birth/ Since age \_\_\_\_\_***  (please circle) | ***Would the parent like an interpreter? \*:***  ***Y / N*** (please circle)  ***Which language?***  ***\*Is a dialect spoken? : Y / N*** (please circle)  ***If Yes, which dialect:*** | |
| ***Has the child’s hearing been tested in the last 12 months? \* Yes/ No***  *(If Yes, please circle and provide date)* ***Date:*** | ***Outcome of Hearing Test:*** | |
| ***GP\*:*** | ***GP Address\*:*** | |
| ***Health Visitor/School Nurse\*:*** | ***Health Visitor/School Nurse Address:*** | |
| ***School/Nursery\*:*** | ***SENCo\*:*** | |
| ***Stage on Code of Practice:*** (please circle)  None SA SA+ EHCP | ***School Year:*** | |
| ***School Educational Psychologist:*** | ***Class Teacher\*:*** | |
| ***Other Professionals Involved\*:***  (e.g. Social services, OT, CDT: please list with contact details and attach most up to date report/s if available) | ***Teaching Assistant\*:*** *(linked to student or class)* | |

***Reason for referral \**** (tick area of concern and provide comment/s)

|  |  |  |
| --- | --- | --- |
| ***Difficulty*** | ***🗸*** | ***Observations/reasons for concern in this area*** |
| **Feeding** |  |  |
| **Speech Sounds** (pronunciation) |  |  |
| **Voice\***  (e.g. husky voice, poor intonation) |  | **\*Has the child been seen by ENT?** If yes please attach report |
| **Fluency/Stammering**  (e.g. repeating sounds/words, stopping completely) |  |  |
| **Only Speaking in certain situations / Shy & Anxious** |  |  |
| **Hearing Impairment** (e.g. in the class group/one-to-one - able to sit still, distractible) |  |  |
| **Social Skills**  (e.g. eye contact, taking turns, understanding social situations, interaction with peers) |  |  |
| **Language** (Attention & Listening, Understanding, Expression) |  |  |
| **Other** |  |  |

**Please note we offer a comprehensive programme of training and we recommend staff attend  the relevant course so that we can work together to best meet the needs of the child being referred** *(all courses listed are free from Ealing SLT Training for Schools programme)*

|  |  |  |
| --- | --- | --- |
| ***Difficulty*** | ***Class Teacher Training Attended*** | ***Class/support TA Training Attended*** |
| **Speech Sounds** | **Speech workshop 🞏 Date:** | **Speech workshop 🞏 Date:** |
| **Voice\*** | **Voice Workshop 🞏 Date:** | **Voice Workshop 🞏 Date:** |
| **Fluency/Stammering** | **Stammering workshop 🞏 Date:** | **Stammering workshop 🞏 Date:** |
| **Speaking in certain situations / Shy & Anxious** | **Supporting children with speaking anxiety in school**  **Part 1 (morning)**.  **🞏 Date:**  ***Part 2. (afternoon)* 🞏 Date:** | **Supporting children with speaking anxiety in school**  **Part 1 (morning)**.  **🞏 Date:**  ***Part 2. (afternoon)* 🞏 Date:** |
| **Hearing Impairment** | **Hearing Impairment Workshop 🞏 Date:** | **Hearing Impairment Workshop 🞏 Date:** |
| **Social Skills** | **Lego Therapy 🞏 Date:**  **Supporting Children with Social Communication Difficulties 🞏 Date:** | **Lego Therapy 🞏 Date:**  **Supporting Children with Social Communication Difficulties 🞏 Date:** |
| **Language** | **Primary Schools Day 🞏 Date:**  **Narrative and Reading for Meaning 🞏 Date:**  **Working with Children With Specific Language Impairment (SLI) 🞏 Date:**  **Colourful Semantics: 🞏 Date:**  **Bilingualism: Supporting the Language and Communication Skills of Children Developing More Than One Language 🞏 Date:** | **Primary Schools Day 🞏 Date:**  **Narrative and Reading for Meaning 🞏 Date:**  **Working with Children With Specific Language Impairment (SLI) 🞏 Date:**  **Colourful Semantics: 🞏 Date:**  **Bilingualism: Supporting the Language and Communication Skills of Children Developing More Than One Language 🞏 Date:** |
| **Other** | **Behaviour and communication: what is behaviour telling us? FS & KS1 🞏 Date:**  **Behaviour and communication KS2**  **🞏 Date:** | **Behaviour and communication: what is behaviour telling us? FS & KS1 🞏 Date:**  **Behaviour and communication KS2**  **🞏 Date:** |

**What Training have the above named staff received to manage the areas of concern? \***

**What extra support has been put in place to manage these difficulties in school/nursery?\***

**Please note that if the student being referred has not accessed relevant targeted provision related to the concerns the referral may be returned.**

|  |  |  |
| --- | --- | --- |
| ***Difficulty*** | ***Group Support provided/*** | ***Other*** |
| **Speech Sounds** | **Speech group 🞏** |  |
| **Hearing Impairment** | **Vocab group 🞏**  **Narrative Group 🞏** | **Environmental Checklist 🞏** |
| **Social Skills** | **Social Skills Group 🞏**  **Lego Therapy 🞏** | **Environmental Checklist 🞏** |
| **Language** | **Vocab group 🞏**  **Narrative Group 🞏**  **Higher Level Language Group 🞏**  **Talking Boxes/Box Clever 🞏** | **Environmental Checklist 🞏** |
| **Other** | **EAL support 🞏** |  |
| **Relevant observations from Groups/ support provided – please attach outcomes from the interventions to the referral form\*** | | |

***What Curriculum levels is the student currently functioning at? \****

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Information about non-verbal skills (tick if a concern)***

|  |  |  |
| --- | --- | --- |
| ***Difficulty*** | ***🗸 / 🗴*** | ***Observations/reasons for concern in this area*** |
| ***Behaviour*** (e.g. motivation, confidence) |  |  |
| ***Learning*** (e.g. memory, generalising information) |  |  |
| ***Physical*** (e.g. gross & fine motor skills) |  |  |
| ***Play*** (e.g. on own, with others, repetitive, imaginative) |  |  |
| ***Other relevant Information*** | | |

***Documents to be attached:***

\*Reports/information from other professionals 🗆 (where possible please include Educational Psychology report)

\*Outcomes from targeted groups the student has attended in school 🗆

***Information for Parents/Carers and Schools***

(if referrer is any other professional please explain this fully to parent/carer)

By making this referral you are committing to working with and providing the necessary support to carrying out the advice given and recommended by the Speech and Language Therapist (SLT).

\*\*I fully understand that if the named person to carry out the specialist work 3 times a week does not do so that my child will be discharged from the service.

***\*\*Who will carry out the specialist programme a minimum of 3 times a week  should the named student be appropriate for the specialist caseload\*:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_***

***Referrer Name\*:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Referrer Role\****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referrer Signature\*:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Address and Tel. No. of Referrer\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***SLT Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SLT Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Carer Consent \****

I fully understand the reasons for this referral and agree to the referral

 I agree to assessment information and recommendations about the child’s speech, language

and communication being shared between the Service, Education Staff and Health

Professionals

***Parent/Carer Name\*:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Parent/Carer Signature\*:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to: Speech and Language Therapy, Carmelita House, 21-22 The Mall, Ealing, W5 2PJ,

***If you have any questions, please speak to your relevant SLT***

PARENTAL/CARER QUESTIONNAIRE

**Name of Child: …………………………………….…. Date of Birth: …………………**

**What do you hope to get from your Speech and Language Therapy appointment?**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………...…………………………………………………………………………………………………**

**What are your main concerns?** (please tick as many as appropriate)

**🞏 feeding and early communication 🞏 understanding of language**

**🞏 words/word joining/sentences 🞏 pronunciation (speech sounds)**

**🞏 fluency (stammering/stuttering) 🞏 social interaction**

**🞏 other**

**continue ………………………………………………………………………………………………………….……………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………..**

**Who lives in your home?**

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***Date of Birth*** | ***Position in the Family*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Is there anyone in the family or extended family who was/had:** (please state relationship to child)

* **Late talking:…………………………………………………………………………**
* **Pronunciation problems:……………………………………………………………**
* **Stammered/stuttered:………………………………………………………………**
* **Hearing difficulties:…………………………………………………………………**
* **Learning problems …………………………………………..……………………**

**How much help does your child need with:** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***None*** | ***Some*** | ***A lot*** |
| **Dressing** |  |  |  |
| **Washing** |  |  |  |
| **Eating** |  |  |  |

**Were there any difficulties with:**

**Pregnancy:………………………………………………………………………………………………**

**Birth:……………………………………………………………………………………………………**

**Your Child’s Early Development:**

**Birth weight: ……………… Condition of baby at birth: ……………………………**

**Age of taking solid food: …………..……… Age of sitting: ………………………………….**

**Age of walking: …………………… Age out of nappies:** *Day:* **………………** *Night:* **……………**

**Does your child use a dummy?** Yes / No (please circle)

**Age of making first sounds: …………… Age of first words: ………………………………….**

**Can you give an example of how your child tells you what s/he wants? ………………………………………………………………………………………………………………**

**Does your child always understand what is said to him/her?**

**……………………………………………………………………………………………………………**

**What are your child’s favourite toys/activities? …………………………………………………**

**How much time do you spend playing with your child in a day? ...........................................**

**What sort of things do you play together? ...............................................................................**

**Who spends the most time with your child? ...........................................................................**

**Does your child play with other children?** Yes / No **How often? ……………………**

**What does your child like watching on TV? .............................................................................**

**Health Issues:**

**Is your child taking regular medicine?** Yes/No **If so what for: ………………………………**

**Has your child ever been to hospital?** Yes/No  **If so what for: …………………………………**

**Has your child had any of the following:**

* **Ear Infections: ………………………………………………………………………**
* **Antibiotics: ……………………………………………………………………………**
* **Any Other Illnesses: ………………………………………………………………………**

**Does your child see any other health professionals? If so, please tell us who:**

**□ CDT □ Occupational Therapy □ Audiology**

**□ Educational Psychology □ Physiotherapy □ Other**

|  |
| --- |
| **For SLT use only:**  **Date form received:……………………………………………………………………………………………**  **Name of Therapist:………………..........................................................................................................** |

**Sample of Language from Home**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_Home Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To help us assess your child it would be very useful if you could provide us with information about your child’s talking at home.

Please write down in the spaces below examples of what your child says at home, exactly as they say them.

**Please don’t add in words or correct any mistakes that they make.**

**Please write it in the language the child spoke the words in.**

*e.g.* ***‘****me go shop’ or ‘I want a banana’ (English)*

*e.g. "أنا أحب الكلب" or "تفاحة أكل أنا" (Arabic)*

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |

**FOR NURSERY & RECEPTION ONLY**

**Vocabulary checklist for Foundation Stage**

Please tick the boxes by the words the child says in their home language **or** English. Only tick a word if they can say the word on their own (without copying you).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| http://youshotmedown.files.wordpress.com/2012/03/familyl1800x1200.jpg**People** | **Says** | **Clothes**  http://t1.gstatic.com/images?q=tbn:ANd9GcQaKP9vhk8lsCekDRIxy7KU309oVYueHV0X0JCSeV8Ppd6wJWcs8pjBwX4y | **Says** | **Animals** | **Says** | http://www.fdlbygg.com/files/pictures/clipart_bygg/clipart_kitchen.jpg**Kitchen** | **Says** |
| Baby |  | Coat |  | Duck |  | Plate |  |
| Daddy |  | Dress |  | Bird |  | Spoon |  |
| Mummy |  | Hat |  | Cat |  | Cup |  |
| Man |  | Shoes |  | Dog |  | Knife |  |
| Nanna (Other) |  | Socks |  | Pig |  | Phone/Mobile |  |
| Cry |  | Trousers |  | Cow |  | Fork |  |
| Cuddle |  | Wear |  | Horse |  | Hot |  |
| Love |  | Put on |  | Fish |  | Cold |  |
| Feed |  | Take off |  | Animal Noises: |  | On |  |
| Baby Noises |  |  |  |  |  | In |  |
| **Food**  http://www.4wallsandaview.com/wp-content/uploads/2012/03/food.jpg | **Says** | **Transport**  http://www.nexus-euro.co.uk/media/catalog/product/cache/1/image/9df78eab33525d08d6e5fb8d27136e95/W/D/WD0903-Town-CountryTransportToys5pack01.jpg | **Says** | **Body** | **Says** | **Toys**  http://www.kidtoysworld.com/wp-content/uploads/2012/07/Toy-Library.jpg | **Says** |
| Apple |  | Car |  | Eyes |  | Ball |  |
| Biscuit |  | Bus |  | Feet |  | Bricks |  |
| Banana |  | Plane |  | Hair |  | Doll |  |
| Dinner |  | Train |  | Hands |  | Teddy / Bear |  |
| Drink |  | Bike/Scooter |  | Mouth |  | Book |  |
| Milk |  | Pram |  | Nose |  | Song |  |
| Juice |  | Drive |  | Toes |  | Bubbles |  |
| Water |  | Push |  | Tummy |  | Kick |  |
| Cheese |  | Fly |  | Ear |  | Dance |  |
| Bread |  | Up |  | Toilet / Wee |  | Play |  |
| Yogurt |  | Down |  | Dry |  | Finish |  |
| Eat |  | Stop |  | Tickle |  | Give |  |
| Drink |  | Go |  | Clap |  | Read |  |
| Cut |  | Transport Noises |  | Wash |  | Me/ My turn |  |
| Cook |  |  |  |  |  | 1,2,3 |  |
| Yum Yum |  |  |  |  |  | Up |  |
| Gone |  |  |  |  |  | Down |  |
| More |  |  |  |  |  | Shhhhh! |  |
| Eating/Drinking Noises |  |  |  |  |  | Uh oh |  |
| http://3.bp.blogspot.com/_EmMyZBmAj9g/THPkGV7chSI/AAAAAAAABiI/lie-cxd2e8Y/s1600/free-clip-art-flowers.png**Outside** | **Says** | http://www.illustrationsof.com/royalty-free-furniture-clipart-illustration-213543.jpg**Furniture** | **Says** | http://1.bp.blogspot.com/-akDZoSSEpUc/UC2ZLu89FII/AAAAAAAAA1w/drEjDzelDbQ/s400/Personal-Care-Main.jpg**Personal** | **Says** | http://cindycapatekc.files.wordpress.com/2010/08/ist2_9363472-girls-arguing-with-empty-speech-bubble.jpg**Social** | **Says** |
| Flower |  | Bed |  | Brush |  | Hi |  |
| Tree |  | Chair |  | Towel |  | Bye |  |
| Swing |  | House |  | Soap |  | No |  |
| Slide |  | Table |  | Brush |  | Yes |  |
| Star |  | TV |  | Clean |  | Big |  |
| Park |  | Bath |  | Wet |  | Little |  |
| Shop |  |  |  | Dry |  | Please |  |
|  |  |  |  | Dirty |  | Thank you |  |
|  |  |  |  |  |  | Night night |  |