

SCHOOL REFERRAL TO SPEECH AND LANGUAGE THERAPY

(Incomplete or illegible forms will be returned for more information)

Name of Child:

Date of Birth:

School/Nursery:

Name of Class Teacher:

Name of SENCo:

School Year:

Interpreter required: YES Language:

Teaching Assistant available to carry out programmes

 Name of Parent:

Home Address:

Postcode:

Home Telephone:

Mobile:

Name of GP:

Nature of Difficulty (Verbal language, not reading/spelling)

(Please tick areas of concern)

Speech sounds	
Language processing (understanding spoken language)	
Language formulation (sentence use)	
Word finding (difficulty finding the right word to say)	
Social use of language/inappropriate language	
Stammering	
General developmental delay	

We have a number of specialist services within Speech and Language Therapy, all working in main stream primary schools but supporting children with different types of difficulties. Please provide us with the following information so that we can refer the child to the most appropriate service as quickly as possible.

Family history of speech/language or learning difficulties.

Relevant developmental information (e.g. milestones).

Any medical, physical or sensory difficulties (e.g. sight, hearing, medical conditions, medication).

Curriculum levels (e.g. National Curriculum Targets or 'p' Levels:

Areas of strength:

Areas of concern:

Friendships and ability to cope at play times:

Stage of SEN process (e.g. School Action/School Action Plus) and if applicable does the child have regular IEP meetings (Please provide current targets):

Other people involved (e.g. Learning Support Services, Educational Psychology, Occupational Therapy, Physiotherapy):

Is the child receiving any regular support at the moment? How often, what for and what progress is being made? (If support isn't currently being provided could it be made available?):

Have you used any strategies to support learning or language in the classroom (e.g. pictures, actions, simplifying you language, reinforcement, repetition) and have any of these been successful?:

PLEASE ATTACH ANY RELEVANT REPORTS OR DOCUMENTATION (E.G.IEP'S)

(NB. Parental permission must be obtained. Please tick the box to indicate this has been done).
Parent/carer to complete attached consent form.

Signed..... Date.....

Name of Referrer.....

Designation.....

(Please return filled form to above address either by post or fax)

PARENT/CARER CONSENT
FOR SPEECH & LANGUAGE THERAPY SERVICE

- **I agree to my child receiving Speech and Language Therapy in school/clinic.**

- **I agree that Speech & Language Reports can be sent into school/nursery and to other practitioners working with my child**

- **I agree that the Speech & Language Therapy Department staff can update school/nursery with relevant information.**

- **I would like appointments texting to my mobile phone**

PLEASE COMPLETE ALL FIELDS BELOW

Signed by parent/carer:

Date:

Name (Print):

Relationship to child:

Child's Name

Child's Date of Birth

Telephone No/Mobile:

Comments / Requests

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