

Paediatric Speech and Language Therapy referral form: 2.6 to 3.6 years

**ONLY SEND THIS REFERRAL IF THE SCREENING CHECKLIST AND SPEECH & LANGUAGE QUESTIONNAIRE ARE COMPLETED AND ATTACHED**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| DOB: |  | Telephone number: |  |
| Mobile number: |  |
| Address: |  |
| NHS number: |  | GP: |  |
| School/nursery: |  |
| Name of parent/carer: |  |

|  |  |  |
| --- | --- | --- |
| Has the child previously been known to Speech and Language Therapy? | **Yes** [ ]  | **No** [ ]  |

**Consent (**see Appendix for text/email consent information)

|  |  |  |
| --- | --- | --- |
| Has the parent/carer given consent for the referral to Speech & Language Therapy (SaLT)? | **Yes** [ ]  | **No** [ ]  |
| Has the parent/carer given consent to be contacted by email?**Email:**  | **Yes** [ ]  | **No** [ ]  |
| Has the parent/carer given consent to be contacted by text message? | **Yes** [ ]  | **No** [ ]  |
| Does the parent/carer give consent for their child to be seen by a member of the SaLT team in their educational setting or in a clinic?*The team may include therapists, assistants and students* | **Yes** [ ]  | **No** [ ]  |
| Does the parent/carer give consent for their child to be discussed with other relevant professionals when appropriate? | **Yes** [ ]  | **No** [ ]  |
| **Signed by parent/carer:****Date:** |  |

**Referrer details**

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |
| **Date of referral:** |  |





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| Reason for referral (include any medical diagnosis, professionals involved and if the child has been referred to the Neurodiversity Service): |
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| --- | --- | --- |
| Is the child learning English as an additional language? | **Yes** [ ]  | **No** [ ]  |
| If yes, please provide information on how long the child has been exposed to an English-speaking environment: |
|  |

|  |  |  |
| --- | --- | --- |
| Does the parent/carer require an interpreter? | **Yes** [ ]  | **No** [ ]  |
| Language required: |  |
|  |  |
| Is any other support required to enable the parent/carer to attend appointments? | **Yes** [ ]  | **No** [ ]  |
| *Consider learning difficulties, reading and writing problems. Please advise if a format other than standard print is required e.g. Braille, larger print, electronic, audio.* |
|  |
| Are there any safeguarding concerns including if the child is a Child Looked After? | **Yes** [ ]  | **No** [ ]  |
| Please provide any relevant details: |
|  |

**Hull children only**

|  |  |  |
| --- | --- | --- |
| I agree to share my health information with Hull City Council Children, Young People and Families Services, including local education providers, to ensure that I am given and have access to the best possible support to meet my child’s individual needs. This will include demographic details i.e. name, address, postcode, date of birth and NHS Number. It may also include information about my child’s speech and language therapy care.  Hull City Council services may then contact you to offer support should you wish to accept it. Hull City Council will update us with any supporting information that will help to provide care to your child.  | **Yes** [ ]  | **No** [ ]  |



**Speech and Language Therapy Screening Checklist (2.6 to 3.6)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Forename: |  | Surname: |  | DOB: |  |
| Date of completion: |  | Date of review (if child previously rated as amber): |  |

Referrals for children with voice difficulties will **only be accepted if referred by ENT**.

Children who only have red rating in **Attention and Listening** will not be accepted.

Red Strongly matches statement (make a referral)

Amber Occasionally matches statement (follow advice for 4 months and if no change make a referral)

Green Does not match statement (no need to refer)

For further information please refer to the Developmental Milestones which can be found at <https://www.humber.nhs.uk/Services/paediatric-speech-and-language-therapy.htm> in the downloads section (bottom of page)

School age children with global (moderate) developmental delay whose language development is at a similar level should not be referred.

**Tick the appropriate box for each statement:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attention and listening** | **Red** | **Amber** | **Green** | **Resources for children rated as Amber** |
| Unable to attend to their own choice of activity |  |  |  |  |
| Difficult for an adult to direct the child |  |  |  |
|  |  |  |  |  |
| **Understanding of spoken language** | **Red** | **Amber** | **Green** | **Resources for children rated as Amber** |
| Understands less than 20 everyday objects and action words, not including family names and yes and no  |  |  |  | * [Hanen: Build your child's vocabulary](http://www.hanen.org/Helpful-Info/Articles/Build-your-childs-vocabulary.aspx)

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| Does not follow simple instructions (e.g. “Get your coat”) |  |  |  |
| Unable to understand simple questions (e.g. who, what) |  |  |  |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Use of language** | **Red** | **Amber** | **Green** | **Resources for children rated as Amber** |
| Does not point or make meaningful gestures (e.g. spontaneously waves bye bye) |  |  |  | * [Universally speaking (birth to 5 years)](https://ican.org.uk/media/3224/tct_univspeak_0-5_update.pdf)
* [Teaching children new words](https://ican.org.uk/media/3298/teaching-children-new-words.pdf)
* [Hanen: Build your child's vocabulary](http://www.hanen.org/Helpful-Info/Articles/Build-your-childs-vocabulary.aspx)
 |
| Never spontaneously joins 2 words together in a meaningful way (e.g. "Mummy's car") |  |  |  |
| Does not ask simple questions (e.g. "what's that?")  |  |  |  |
| Does not use the right word (e.g. says "ball" instead of "car") |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Speech sounds** | **Red** | **Amber** | **Green** | **Resources for children rated as Amber** |
| Not able to use 'p', 'b', 'm', 'n', 't', 'd', 'w'  |  |  |  | * [Speech sounds](https://ican.org.uk/media/3293/speech-sounds-factsheet.pdf)
 |
| Parents don't understand what the child is saying |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social communication and interaction** | **Red** | **Amber** | **Green** | **Resources for children rated as Amber** |
| Doesn't engage in pretend play (e.g. feeding dolly) |  |  |  | * [Toys to develop communication skills](https://ican.org.uk/media/3301/top-10-toys-factsheet.pdf)
* [Hanen: Encourage pretend play](http://www.hanen.org/Helpful-Info/Articles/The-Land-of-Make-Believe.aspx)
 |
| Doesn't like to play with an adult or peers |  |  |  |
| Overuse of words or phrases heard from an adult or TV |  |  |  |
| Doesn’t show affection or concern for other people when appropriate |  |  |  |

If the screening checklist is not completed by the referrer please complete below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Completed by: |  | Place of work: |  | Contact number: |  |



**Paediatric Speech & Language Questionnaire**

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| --- | --- | --- | --- |
| Forename: |  | Surname: |  |

We accept referrals for children who have a specific speech, language and communication need. This means that they are having greater difficulties understanding or using language than would be expected for their general level of development. For guidance see <https://www.humber.nhs.uk/Services/paediatric-speech-and-language-therapy.htm>

Please attach copies of any education support plans and any relevant reports from other professionals e.g. Educational Psychologist.

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| **Progress and attainment** |
| *Consider the child’s progress over the last 1-2 terms and their current levels of attainment e.g. reading, writing, speaking and listening or EYFS.* |
|  |
| Do you consider that the child’s speech, language and communication are at a similar level to these areas of attainment or that there is a specific difficulty?  |
|  |

Have you noticed that the child:

|  |  |  |
| --- | --- | --- |
| Is stammering\*  | **Yes** [ ]  | **No** [ ]  |
| Is only able to talk comfortably to some people, such as family members and close friends, but are silent or unable to talk freely when other people are present, or in certain situations | **Yes** [ ]  | **No** [ ]  |
| Has lost any speech and language skills? | **Yes** [ ]  | **No** [ ]  |

\*Stammering is when a child’s speech is not fluent. They may be repeating/prolonging sounds/parts of words or struggling to get sounds out, sometimes a child may avoid words or talking in a particular situation because they are worried they may get stuck

**Describe the child's strengths and needs in the following areas**

*Please consider the areas rated red/amber on the screening checklist.*

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| --- |
| **Attention and listening** |
| Child's strengths/needs | What targeted activities or strategies have you already tried? Have you seen any progress?  |
|  |  |



|  |
| --- |
| **Understanding of spoken language** |
| Child's strengths/needs | What targeted activities or strategies have you already tried? Have you seen any progress?  |
|  |  |

|  |
| --- |
| **Use of language** |
| Child's strengths/needs | What targeted activities or strategies have you already tried? Have you seen any progress?  |
|  |  |

|  |
| --- |
| **Speech sounds** |
| Child's strengths/needs | What targeted activities or strategies have you already tried? Have you seen any progress?  |
|  |  |

|  |
| --- |
| **Social communication and interaction** |
| Child's strengths/needs | What targeted activities or strategies have you already tried? Have you seen any progress?  |
|  |  |

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| --- |
| **Any other comments?** |
|  |

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**Appendix: Consent form for communicating with individual patients via text/email**

When you are receiving a service from us, we want to keep in contact with you. We will do this in the way that is easiest or most convenient for you. We understand that people use email and mobile phone texts and we also understand that you may want to let someone else receive or send messages for you. This could be someone who is looking after you or someone who you have chosen to help you.

If you tell us that you would like to use email or mobile phone texts in this way, we need to agree about how we do it and this is explained below:

1. We will use email or text because you have told us this is how you want to keep in contact with us.
2. When sending messages outside of the NHS, there might be a risk of someone seeing the message who shouldn’t. To make it safer you should:
* Try not to use a public or work computer.
* Let us know right away if you change your email address or mobile phone number.
* Do your best to keep the messages safe and confidential, for example do not leave your computer switched on when you are not there and don’t tell somebody else your password.
* Have a PIN code on your mobile phone and keep it secret.
1. Depending on the service you are receiving, it may be possible for you to send emails or texts to a Trust email address or mobile phone number. In such cases, you should:
* Only send messages containing non-sensitive and non-urgent issues.
* Include your full name in the main part of an email so that we can correctly identify you.
* Keep personal data sent in text messages to a minimum (your key worker will hold your contact details in an encrypted or pin coded mobile phone).
1. Your emails, text/voice messages to Trust mobile phones will be treated as non-urgent. We cannot say exactly when they will be actioned. If you need to contact us urgently you should telephone us on 01482 692929.
2. We will have to end this agreement if we find out that our systems are at risk from things such as computer viruses that are being sent.
3. When you send us a message, we will make a record of it in your notes.

*I accept the above conditions and agree for email/mobile phone texts (delete whichever does not apply) to be used to communicate with me and the Trust.*

**Email address to be used:**

[ ]  I would like emails to be sent securely using the NHS encryption service. I understand I will need to

 register for this service electronically (tick if applicable)

**Mobile phone number to be used:**

**If applicable:**

**Name of carer or advocate who I nominate for messages:**

If you give consent but would like to restrict the information that is shared using email/mobile phone texts (e.g. information about appointments only) please provide details below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signed: |  | Date: |  |