SPEECH AND LANGUAGE THERAPY REFERRAL GUIDANCE
PRE SCHOOL CHILDREN

General Information
For referrals to be accepted by the speech and language therapy service you need to complete:

- Referral form
- Preschool checklist

What you can do to help?
Parents are often very concerned about their child’s speech and language development. If the child is pre school, completing the checklist with parents may reassure them that there is nothing to be concerned about. However, if the checklist does indicate some degree of concern there is some information you can give parents that may help their child.

- Signpost the parents to the speech and language therapy website - http://www.humber.nhs.uk/services/paediatric-slt.htm On this site there are some links with information for parents on how to promote their child’s speech and language development
- Refer to local Children’s Centre groups (if available) which specifically target language development eg Talk time
- Give parents information regarding local Children’s Centre activities
- Discuss attendance at pre school/nursery if appropriate

Children with speech difficulties
Current evidence indicates that direct therapy is often not appropriate to children under 4 ½ years for the following reasons:

- Children may improve naturally with maturity
- Young children often have difficulty following adult directed tasks
- Many therapy activities aim to develop speech sound awareness skills which typically don’t develop until a child is 4 ½ years or older

There may be exceptions if the child’s sound system is severely restricted – see checklists.
**Children with difficulties in understanding language and using sentences**
The speech and language therapy service accepts referrals for children who have a specific speech, language and communication need. For those children whose language skills are on par with other areas of learning we offer a range of training courses for professionals. These courses will provide professionals with a toolkit of strategies and activities in order that children’s speech and language can continue to develop alongside other areas of learning. Please contact us if you require information about these training courses.

**Children with eating and drinking difficulties**

Children with eating and drinking difficulties require a referral form or letter only and should be signed by a medical practitioner. It is important that any relevant medical information is included with the referral.

**Children who stammer**

Stammering can develop in children from an early age. Please refer any child who is repeating words/sounds (*b-b-baby*), prolonging words (*loooook*) and/or getting stuck often at the beginning of words. We would also encourage referral of children who are showing signs of tension when talking or seeming reluctant to talk in front of other people.

**What do I need to do?**

Fill in this checklist with the child’s parent/guardian. Select the appropriate age. For referrals under 2 years it is recommended that professionals contact the speech and language therapy service to discuss. Tel: 01482 617758

If you only tick boxes in the left hand column there is no need to refer to the speech and language therapy service at this time.

If you tick any boxes in the right hand column you will need to complete a referral form. Please send this checklist with your referral.
**SPEECH AND LANGUAGE – PRE SCHOOL CHECKLIST**

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<tr>
<th></th>
<th>2 YEARS</th>
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<th>2 YEARS</th>
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<tbody>
<tr>
<td><strong>NO REFERRAL REQUIRED</strong></td>
<td>TICK</td>
<td><strong>REFERRAL REQUIRED</strong></td>
<td>TICK</td>
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<tr>
<td>Enjoys pretend play e.g. cooking, tea parties, driving, hammering</td>
<td></td>
<td>Does not point or make meaningful gestures e.g. wave bye bye</td>
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<td></td>
<td></td>
<td>Does not respond to name</td>
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<tr>
<td>No concerns about understanding familiar language, can respond to simple instructions, will look at familiar people/objects on request</td>
<td></td>
<td>Understands less than 10 everyday objects and action words, not including family names and yes and no.</td>
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<tr>
<td>Uses up to 20 real words and may be connecting words in familiar phrases, e.g. ‘all gone’</td>
<td></td>
<td>No use of real words or very little vocalisation.</td>
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<tr>
<td>Misses the ends of words, uses a few main sounds e.g. p, b, t for other sounds such as s and k</td>
<td></td>
<td>Only uses the vowel sounds and/or m and n in words or child sounds nasal</td>
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<tr>
<td>2.6 YEARS</td>
<td>2.6 YEARS</td>
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<tr>
<td><strong>NO REFERRAL REQUIRED</strong></td>
<td><strong>TICK</strong></td>
<td><strong>REFERRAL REQUIRED</strong></td>
<td><strong>TICK</strong></td>
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<tr>
<td>Child developing imaginative play e.g using a box as a boat or car</td>
<td></td>
<td>Does not point or make meaningful gestures e.g wave bye bye</td>
<td>Does not respond to their name</td>
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<tr>
<td>No concerns about understanding familiar language, can respond to longer instructions, e.g ‘bring mummy your socks and shoes’</td>
<td></td>
<td>Does not follow simple instructions e.g where’s your coat?</td>
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<tr>
<td>Can connect two or three words to form simple sentences</td>
<td></td>
<td>Not joining two words together, limited vocabulary.</td>
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<tr>
<td>Speech can be understood by family and a variety of speech sounds are used in words such as p,b, m, n, w, t, d,</td>
<td></td>
<td>Words often not understood by close family - using vowel sounds or m, b, p only, or child sounds nasal</td>
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<table>
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<tr>
<th>3 YEARS</th>
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<tr>
<td><strong>NO REFERRAL REQUIRED</strong></td>
<td><strong>TICK</strong></td>
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<tr>
<td>The child will let an adult join in with the play activity.</td>
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<tr>
<td>Can follow instructions including ‘who’ ‘what’ ‘where’ even out of their familiar routine</td>
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<tr>
<td>Can connect three or four words to form simple sentences</td>
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<tr>
<td>Speech can be understood by family and some less familiar adults, most word endings present, k, g, f, s, are used</td>
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<td>3.6 – 4 YEARS</td>
<td>3.6 – 4 YEARS</td>
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<tr>
<td><strong>NO REFERRAL REQUIRED</strong></td>
<td><strong>TICK</strong></td>
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<tr>
<td>The child plays with other children and uses talk to organise themselves</td>
<td></td>
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<tr>
<td>Child will follow an adult led activity e.g. looking at a book/ playing a game for more than 10 minutes at a time.</td>
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<tr>
<td>Can follow instructions including size and position words e.g. big, little, in, on, under. Can follow questions with ‘why’</td>
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<tr>
<td>Can connect four to five words to form simple sentences</td>
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<tr>
<td>Speech can mainly be understood by others, may still have difficulties with a small number of sounds sh, ch, j, r, th,</td>
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Referrer's Name………………………………………….. Title ……………………………………………

Signature …………………………………

Date …………………………………………

**Please return to:** Speech and Language Therapy Dept, 1st Floor, Victoria House, Park Street, Hull, HU2 8TD.
Telephone 01482 617922
SPEECH AND LANGUAGE THERAPY REFERRAL FORM

Surname .......................................................... Forename(s) ..........................................................
Address .......................................................... Date of Birth ..........................................................
................................................................................. Ethnicity ..........................................................
Post Code .......................................................... Name of Parent/Guardian ........................................
(N state relationship, please) Telephone ..........................................................
School .......................................................... GP ..........................................................

Parental/Guardian consent obtained: YES / NO

Other Professionals/Services involved (please list):
.................................................................................
.................................................................................

Has the child previously been referred to the SLT service: YES / NO
If yes, what was the outcome?
.................................................................................

Please state clearly the reason for the referral:
.................................................................................
.................................................................................

What is your expected outcome from speech and language therapy involvement?
.................................................................................
.................................................................................

Attached: Pre school referral checklist ☐

Or

School aged referral questionnaire ☐

Please note referral will not be accepted without the relevant checklist.
(Not required for eating and drinking referrals)
Is English the first language?  YES / NO

If ‘NO’:

Language / Languages used at home: ........................................................................

Dominant Language: .........................................................................................

Languages read / written by family: ........................................................................

Please circle preferred form of communication with the family:

Written  Telephone Call  Via Referrer

Would an interpreter be required for initial assessment?  YES / NO

Are there concerns about

Learning home language  YES / NO

Learning English  YES / NO

(if yes how long since English was introduced

Is there any other support required to enable parent/guardian to attend appointments? Consider wheelchair access, reading and writing problems, learning difficulties etc

Are there any safeguarding concerns?

Referred by

Name ............................................................ Job Title ............................................................

Address ................................................................................................................................

Date of Referral ................................................. Telephone ..................................................

Please return to:  Speech and Language Therapy Dept (Triage), 1st Floor, Victoria House, Park Street, Hull, HU2 8TD.  Telephone 01482 617922

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