SPEECH AND LANGUAGE THERAPY REFERRAL GUIDANCE
SCHOOL AGED CHILDREN

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

- Referral form
- School-age questionnaire

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. These children are having greater difficulties understanding or using language than would be expected for their general level of development.

For those children whose language is at a similar level to 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 speech difficulties
Children may not produce all the sounds and sound combinations in words correctly until over the age of 7. Referrals are not accepted for the following difficulties unless the child is significantly concerned:

- a ‘lisp’ (‘s’ is said as ‘th’ eg ‘sock’ becomes ‘thock’)
- ‘r’, ‘l’, ‘ch’ – children may not acquire these sounds until 7 years

Children with voice difficulties
Children who regularly have a hoarse voice, lose their voice or experience tightness when speaking require a referral to Ear, Nose and Throat (ENT) department. The ENT consultant will then make an onward referral to speech and language therapy if appropriate. This is to ensure that any medical reason for the voice difficulty has been investigated first.
**Children who stammer**

Stammering can develop in children from an early age. Please refer any child who is repeating words/sounds, prolonging words and/or getting stuck with 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.

**Children with social communication difficulties**

Children, who have difficulties initiating or responding to social communication, using communication for social purposes, developing social relationships, making their needs known, sharing information and participating in a two–way conversation may need further assessment.

Social communication difficulties may suggest an Autism Spectrum Condition. If the child has already been referred to an autism assessment and diagnosis service, the speech and language therapists who carry out assessments for the diagnostic teams may assess the child. In this instance referrals to the speech and language therapy service need not be made unless there are additional unmet social communication needs.
SPEECH AND LANGUAGE QUESTIONNAIRE

Surname ………………………… Forename(s) ………………………………………

NHS No …………………………… Date of Birth ………………………………………

School staff referring pupils who have speech, language or communication needs are asked to provide the following information to accompany the referral form. It is important to provide evidence that the child’s speech, language and communication are not ‘on par’ with other areas of learning and the impact this is having on them. Please attach copies of the Individual Education Plan/Support Plan and any reports from other professionals which will compare speech, language or communication with other areas of development. E.g. Educational Psychologist, SENSS.

Describe the pupil's strengths and needs in the following areas

Attention and Listening

Consider if the pupil is able to attend to more than one stimulus, e.g. looking and listening at the same time, how long they can attend for, whether they can maintain their own attention.

Understanding of Spoken Language

Consider if there are any concepts/ vocabulary you would expect the pupil to comprehend, the length of instructions, the complexity of instructions, whether they can understand things which are out of context and whether they have any specific difficulties with inference and verbal reasoning.
Use of Spoken Language

Consider the range of vocabulary used, whether the pupil is able to use appropriate word order, if there are grammatical errors, if they are able to retell an event or give a narrative.

Speech Sound Intelligibility/Fluency

Consider which sounds or combinations of sounds the pupil has difficulty with. Comment on whether adults and/or children can understand the pupil, for example uses ‘t’ instead of ‘k’, missing off the ends of words.

Does the pupil have a stammer – repeat, prolong or get stuck with sounds or words? Are there signs of tension associated with speaking, or reluctance to talk within a group or in front of the whole class?

Social Communication and Interaction

Consider if the pupil is unable to make their needs known or has significant difficulties taking part in class discussions or sharing in two-way conversations appropriately. Comment on whether the pupil initiates interactions and shows an interest in what others have to say and the pupils’ ability to interact with other children during play/break time and other speaking situations.
Progress and Attainment

Consider the pupil’s progress over the last 1-2 terms and their current levels of attainment.

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<td>Speaking and Listening</td>
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Strategies or interventions staff have already tried

What specific strategies have you tried e.g. adapting adult communication style, visual supports, access to Teacher’s Aide. It will be useful to mention if the child has been included in any small group interventions to ‘catch up’?

Any other comments

Consider if the pupil uses any self-help strategies, e.g. clarifying instructions, asking for the meaning of words, using gesture to support their spoken communication, etc.

How aware is the child of their speech, language or communication difficulties, and what impact is this having on them?
Do you consider that the child’s speech, language and communication are at a similar level to other areas of learning or that they have a specific difficulty? Please explain

Referrer’s Name…………………………………..  Title ……………………………………………

Signature ………………………………………….

School ……………………………………………

Telephone ……………………………………

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 .............................
NHS Number ........................................ (state relationship, please)
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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