****Child Health Service referral form****

**Speech and Language – School aged**

**All school referrals** must be discussed with the school’s named MCH Speech and Language therapist PRIOR to referral

\*Required field – if required fields are not completed the referral will automatically be rejected

**General information**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Date of referral |  | \*Child’s date of birth |  |
| \*Child’s first name |  | \*Child’s last name |  |
| Name child likes to be known by |  | NHS Number  (if known) |  |
| \* Language(s) spoken at home |  | Child’s ethnicity |  |
| \*Is interpreter needed?  Is this for child or parent? |  | What language is required? |  |
| **\*GP’s name and address** | |  | |
| **Education** | |  | |
| **\* Name and address of school** (if relevant) | |  | |
| School contact person (name, job title, email address) | |  | |
| Contact number for school | |  | |
| **Parent/Carer details** | |  | |
| \*Name of parent/carer/guardian with parental responsibility | |  | |
| \*Email of parent/carer for appointments/reports | |  | |
| \*Address where the child lives | |  | |
| \*Contact number for parent /carer | |  | |
| Name of second parent with parental responsibility | |  | |
| Relationship to parent listed above | |  | |
| Email of second parent/carer for appointments/reports | |  | |
| Address of second parent/carer if different to above | |  | |
| Contact number of second parent/carer | |  | |

**Consent / Referrer**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Are the parents/carers in agreement to this referral? | | Yes |  | | No |  | |
| \*Referrer’s name |  | | | | | | | |
| \*Referrer’s role/job title |  | | | | | | | |
| \*Referrer’s address |  | | | | | | | |
| \*Referrer’s email address |  | | | | | | | |
| \*Referrer’s phone number |  | | | | | | | |
| **Please identify the child’s specific needs below – mark all that apply** | | | | | | |
| Child has EHCP with speech and language therapy intervention specified | | | |  | | |
| Child requires assessment to provide advice for EHCP | | | |  | | |
| Child has an acquired head injury (e.g. stroke, brain tumour, RTA) | | | |  | | |
| Child has a degenerative/progressive illness | | | |  | | |
| Child is not able to talk freely in some settings compared to others (e.g. not able to talk freely in specific settings despite talking freely at home) | | | |  | | |
| Child has cleft lip and palate (see referral guidance) | | | |  | | |
| Child has voice disorder (referral would be expected from ENT service – see referral guidance) | | | |  | | |
| Child has a stammer/stutter (see referral guidance) | | | |  | | |
| Child’s speech is unintelligible (unable to understand the child out of context) | | | |  | | |
| Child has no functional communication system (no spoken language, unable to make basic requests/comments) | | | |  | | |
| Child has severe difficulties with their use or understanding of language | | | |  | | |
| Child has permanent bilateral moderate to profound hearing loss – audiology report must be attached (see referral guidance) | | | |  | | |
| Child is a Looked After Child (LAC) | | | |  | | |
| Child is home educated | | | |  | | |
| Child’s family is in transit in Medway (e.g. travelling or army families) | | | |  | | |

**Who else works with the family or child?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mark all that apply | | Name (if known) | Mark all that apply | | Name (if known) |
|  | Paediatrician |  |  | Hospital Doctor (name and address) |  |
|  | Speech and language therapy |  |  | Dietitian |  |
|  | Occupational therapy |  |  | Learning disability nurses |  |
|  | Physiotherapy |  |  | Community nurses |  |
|  | Podiatry |  |  | School nurse/EWB |  |
|  | Health Visitor |  |  | Special needs nursery |  |
|  | Child and adolescent wellbeing service (NELFT) |  |  | Educational Psychology (please attach reports) |  |
|  | Audiology  Teacher of the deaf  Cochlear implant team |  |  | Ophthalmologist |  |
|  | Behaviour support |  |  | Early Help |  |
| Other – please state: | | | | | |

**Safeguarding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Does the child have a child protection plan? | | Yes |  | No |  |
| \*Is the child a ‘child in need’? | | Yes |  | No |  |
| \*Is the child a ‘looked after child’? | | Yes |  | No |  |
| \*Has early help been initiated? | | Yes |  | No |  |
| Social worker’s name and contact details |  | | | | |
| Any further information regarding safeguarding |  | | | | |

**Medical History**

|  |  |
| --- | --- |
| Relevant medical history/diagnoses |  |

**Pathway specific information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Has this referral been discussed with the school’s named MCH speech & language therapist (SLT)? | Yes |  | No |  |
| Date discussed |  | Name of SLT |  |
| What was the recommended outcome? |  | | | |
| What strategies and interventions have already been put into place to support the child’s communication needs including those from Core Standards?  Please include length of time. |  | | | |
| Has the child previously had speech and language therapy assessment?  If yes – please give PROVIDE DATES and enclose report if this is from another service or independent provider |  | | | |

**Communication concerns and impact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*What are your **main concerns**?  Why are you referring this child? | |  | | | |
| \*What has prompted you to make this referral **now?** | |  | | | |
| If child is exposed to other language(s) are there concerns about the development of the home language(s)?  Please provide details of concern. | |  | | | |
| What **impact** are the child’s difficulties having on their everyday life? Please provide a score of 0-3 from parent/carer and school on the following areas:  0 = No concerns / 1 = Mild concerns / 2 = Moderate concerns / 3 = Severe concerns | | | | | |
|  | **Parent/Carer** (score 0-3) | | **School** (score 0-3) | **Comments** | |
| **Participation in daily activities** (consider learning activities, classroom routines, play, leisure and home) |  | |  |  | |
| **Relationships with peers:** |  | |  |  | |
| **Emotional wellbeing:** |  | |  |  | |
| **\* Please comment on each of the following areas**  **Please provide UP TO DATE information (e.g. last 6 months), and as many examples,**  **as possible under each heading to ensure we are able to triage this referral appropriately.**  **If we do not have enough UP TO DATE information, the referral will be rejected.**  *The information in italics under each heading is to provide you of examples of the ‘type’ of information to include. Your comments do not need to be restricted to these areas.* | | | | | |
| **Attention and listening:**   * *Within whole class activities* * *Within small group sessions* * *Within 1:1 work* | |  | | | |
| **Ability to follow instructions:**   * *What length of instructions can the child typically follow (e.g. 1 part or 2 part instructions, how many information carrying words)* * *Can they follow whole class instructions or do these need to be directed to them individually? Please provide examples.* | |  | | | |
| **Understanding the meanings of words:**   * *Can the child understand basic concepts of position, size, time?* * *Do they learn/recall new vocabulary?* * *Do they demonstrate understanding of categories/links between words?* * *Can they explain the meaning of familiar words?* | |  | | | |
| **Use of spoken vocabulary:**   * *Does the child use a range of words to name things/people/places/emotions, to label actions and to describe objects in their spoken language?* * *Do they confuse words with similar meanings?* * *Do they use lots of empty language (e.g. it/this/that/there)?* * *Do they appear to struggle to find the word they want to use?* * *Do they make up their own words for things?* | |  | | | |
| **Ability to construct spoken sentences:**   * *How does the child combine words in their talking?* * *Do they use appropriate word order and grammatical markings (e.g. to talk about past, present, future)?* * *Do they use babble/jargon within a sentence?* * *Are they able to make requests or comment on activities?* | |  | | | |
| **Ability to construct a spoken story/narrative:**   * *Are they able to sequence their ideas in order to tell you about something that has happened in a story or in real life?* * *Do they provide enough information in their narrative to get their message across?* | |  | | | |
| **Response to spoken questions:**   * *Are they able to respond to ‘Who’, ‘What’, ‘Where’, ‘When’, ‘How/Why questions?* * *Are they able to recall information from spoken stories?* * *Can they use prediction for what might happen next?* | |  | | | |
| **Use of AAC**(Augmentative and Alternative Communication)   * *Does they use any AAC to support their communication e.g. PECS, communication boards/books etc, a device?* * *If so, do they use this independently?* * *Do they use single words, phrases, sentences to request, comment, protest etc?* | |  | | | |
| **Learning needs:**   * *How is the child progressing academically?* * *Do they require highly differentiated activities to meet their learning needs?* * *If Educational Psychologist assessment has been completed please attach copy of report.* | |  | | | |
| **Play:**   * *Do they use their imagination when playing with everyday objects to use them symbolically e.g. pretending to use a banana as a phone* * *Do they extend play ideas and demonstrate use of imagination/creativity?* * *Do they participate in role play activities?* | |  | | | |
| **Social interaction skills:**   * *How do they interact with their peers/adults?* * *Do they respond to their name?* * *Do they initiate interaction with others?* * *Do they demonstrate understanding of emotions?* * *Do they use gestures and facial expressions to support their spoken language?* * *Do they show understanding of jokes/humour/non literal language?* * *Do they demonstrate any specific fixed interests or sensory needs?* | |  | | | |
| **Speech Sounds**   * *Please give as many examples of errors you can hear in their talking as possible* * *Does the child miss out speech sounds?* * *Use the wrong consonant sounds?* * *Use the wrong vowel sounds?* * *Please include full Speechlink assessment if completed* | |  | | | |
| **For speech sound referrals, the child is:** | | | | | **Mark best fit** |
| Unintelligible to all listeners most of the time | | | | |  |
| Unintelligible to unfamiliar listeners most of the time | | | | |  |
| Intelligible when listener is aware of topic or knows what child wants to say | | | | |  |
| Intelligible most of the time | | | | |  |

**Thank you for completing this referral form.**

**Please send your completed form to:** [medch.childrenscommunity@nhs.net](mailto:medch.childrenscommunity@nhs.net).

**Please make sure you have attached any supporting documents**.

This may include Speech Link assessments and reports from external services such as:

Educational Psychology, Hospital Consultants, Independent Speech and Language Therapists etc)

**Form updated April 2023**