|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name:** |  | **Child’s first name(s):** |  |
| **NHS Number:** |  | **Date of Birth:** |  |
| **Trafford GP:** |  |
| **Address:** |  |
| **Postcode:** |  | **Phone Number** |  |
| **Parent/carer Email:** |  | **School/Nursery:** |  |
| **Language(s) child hears at home:** |  | **Interpreter needed?** | **For parent/carer?** | **Yes No** |
| **For child?** | **Yes No** |
| **Main language(s) used by child (if any):** |  | **Religion:** |  |
| **Hearing assessed?** | **Yes No** | **Results and date:** |  |
| **Ethnicity:** | White – British |  | White - Irish |  | White - other |  | Not Stated |  |
| Mixed – White and Black Caribbean |  | Mixed – white and Black African |  | Mixed – White and Asian |  | Mixed – Any Other Mixed Background |  |
| Asian or Asian British - Indian |  | Asian or Asian British - Pakistani |  | Asian or Asian British - Bangladeshi |  | Asian or Asian British – Any Other Asian Background |  |
| Black or Black British - Caribbean |  | Black or Black British - African |  | Black or Black British – Any Other Black Background |  | Other Ethnic Groups - Chinese |  |
| Other Ethnic Groups – Any Other Ethnic Group |  |  |  |
| **Who else is involved with the child?** | Educational Psychologist |  | Teaching Assistant |  | ENT/Audiology |  |
| Healthy Young Minds |  | Paediatrician |  | TSISS |  |
| TEDS |  | SENAS |  | Social Services |  |
| Name of Social Worker (if applicable) |  |
| Other agencies/professionals involved: |  |
| **Is there a reason this family would find it difficult to attend an appointment?** **If yes, why?** |  **YES NO** |
| **Has the child ever been known to Speech and Language Therapy in the past? E.g. for speech we often encourage re-referral after completion of home programme.** | **YES NO** |
| **CONSENT** (please ensure each consent is completed. School/nursery visits may not be needed for all children) |
| I agree to this referral to Speech and Language Therapy. |  |
| I give permission for other professionals to be contacted about this referral eg. school/nursery staff. | **YES NO** |
| I give permission for the Speech and Language Therapist to assess/observe my child in school/nursery and liaise with school/nursery staff. | **YES NO** |
| I give permission for the Speech and Language Therapy team to contact me via texts and telephone calls regarding appointments/school visits or training. | **YES NO** |
| I give permission for the Speech and Language Therapist to send me secure emails about my child. I confirm the email address above is correct. | **YES NO** |
| **Parent/Carer Name:****(print in BLOCK CAPITALS)** |  | **Parent/Carer Signature:** |  | **Date:** |
| **REFERRER DETAILS** |
| **Name:** |  | **Role:** |  |
| **Address:** |  | **Phone:** |  |
| **Email:** |  | **Signature:** |  | **Date:** |

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| **Please use these boxes to help us form a picture of the child so we understand your concerns and why you are referring now. Use the prompts to help. This will help us find the right pathway to assess the child.** |
| **Please describe in 1 sentence your main concern about the child’s speech, language and communication** |
|  **Area of SLCN** | **Strengths** | **Needs** |
| **Social communication/interaction**Main reasons for communicating? How do they indicate their basic needs and wants?Do they point or use other gesture?Are they interested in other people?  |  |  |
| **Attention and listening (and joint attention)**Please give examples of when the child shares their focus of attention with an adult most easily and for how long. |  |  |
| **Play**Preferred play or typically chosen activities.Is this solitary, parallel play, imaginative - alone/with peers? |  |  |
| **Understanding of language**Do they follow daily routines and respond to everyday instructions? Do they understand language outside of familiar words and instructions? |  |  |
| **Using language**What is their preferred means of communication? (gesture, signing, AAC, talking in words or phrases, other) Number of single words used? any sentences? grammatical development? Do they use learnt phrases or scripts including intonation?  |  |  |
| **Speech sounds and/or clarity**Are speech sounds used typical for age? Are sounds unclear? If so, is there an impact on well you understand them? Can this lead to breakdowns in communication? If so how often?What do you do to support the child if this happens? | Please include TASS if there are needs in this area |  |
| **Stammering**Are they finding it hard to communicate because they are repeating, prolonging or blocking sounds. If you have any speech or language concerns in addition to the stammer, please include a TASS and WellComm. Is child aware or frustrated? | Stammer? Y/N |  |
| **Medical/developmental concerns** |  |
| **Please provide details of current/previous intervention(s) from Big Book of Ideas, Elklan, or other language intervention**  |  |
| **What difference did this intervention make? What progress have you seen over time?** |  |
| **What are their current communication goals?** |  |

**Referrals without this information will be rejected.**

* Referrers will be informed of the outcome of triage within 4 weeks so they can let parents know.
* When referrals are accepted, we aim to make initial contact within 18 weeks

Please send completed forms and any additional supporting documents to:

**Speech and Language Therapy Service,**

**1st Floor, Sale Waterside, Sale, M33 7ZF**

*or email to:* **cslt@mft.nhs.uk**

**Referral tips**

* Complete **all** sections of this form.
* Send screening assessments (TASS/WellComm) **in full** to avoid rejection – remember to “screen to green”.
* Please use the pre-referral advice line for any queries (Wednesdays 9 -11am 07917 264 975)