**REFERRAL OF SCHOOL AGED CHILDREN TO SPEECH AND LANGUAGE THERAPY**

|  |  |
| --- | --- |
| **Child’s Name:** | **Date of Birth:** |
| **Sex assigned at birth: Male / Female** | **GP:** |
| **Address:**  **Postcode:** | **Health Visitor (if applicable):** |
| **Allergies:** |
| **Parent/carer phone number:** | **Ethnicity:** |
| **Parent/carer email address:** | **School:** |

**Interpreter required: Yes / No**

**If yes, please state which language:**

**Is the child known to Social Care: Yes / No**

**If yes, please give Social Worker contact details (name and telephone number):**

**Does the child have a medical diagnosis? Yes / No**

If yes, please give details:

**Reason for this referral**

Please summarise child’s communication difficulties:

**Has the child seen a Speech & Language Therapist in the past, including the Drop-In / Advice Service?**

**Yes / No**

If yes, please give details:

Parent or Carer’s Signature agreeing to referral: ………………………… Date of Referral ….../……/……

Parent or Carer’s Name (please print): ……………………………………………………………………………

SENCO’s Signature: …………………………………… Name: ………………………………………………

SENCO’s Contact Address and Telephone Number:……………………………………………………………

**Are there other agencies already involved with this child?**

E.g. Complex Communication Diagnostic Service, Audiology, Paediatrician, CAMHS, Early Support Pre-School Panel (Portage, SIPS, Educational Psychology, Behaviour Support)

Please provide Name of Service and Type of Support Given:

Please attach any relevant reports/information

**Have you accessed the B-Hive website for advice to support this child? Yes/No**

[Welcome to the b-HIVE - A therapy collective for Bromley - b-HIVE (bromleytherapyhub.org.uk)](https://bromleytherapyhub.org.uk/)

**Have you accessed the Bromley SLCN Toolkit for advice to support this child? Yes/No**

[Speech, Language and Communication Toolkit for Schools](https://isat.padlet.org/hannahlittle5/soos9z78ciefm11h/wish/2237183975)

(<www.bromleyeducationmatters.uk/Article/112121>)

**What are you already doing to meet this child’s communication needs?**

Please attach evidence of targeted intervention offered for SLCN and details of the child’s progress (e.g. evaluated IEPs, asses-plan-do-review cycles)

We need information about the child’s strengths and areas of difficulty. This will help us to determine whether this is a specific difficulty with language and communication or part of a more general learning difficulty. (You may find it helpful to refer to the SEN Audit Handbook). If relevant please include any test results e.g. SATs, Teacher assessed NC levels, Foundation Profile results, P levels, QCA tests and CATs tests, last report

**Please comment on the child’s ability and / or level of attainment for the following:**

|  |
| --- |
| **Speaking and Listening:** |
| **Literacy:** |
| **Maths:** |
| **Science:** |

**How will you implement any programmes/advice/strategies given, indicating available support?**

Please state:

**Outline of the Child’s communication skills**

Please consider these skills compared to the average ability of others in the class.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLASSROOM SKILLS** | **Yes** | | **No** | **Sometimes** | **Not Observed** |
| Does the child listen in whole class situations? |  | |  |  |  |
| Does the child listen in small group situations? |  | |  |  |  |
| Can the child stay on task? |  | |  |  |  |
| Can the child work independently? |  | |  |  |  |
| Is the child motivated? |  | |  |  |  |
| **LANGUAGE SKILLS** | **Yes** | | **No** | **Sometimes** | **Not Observed** |
| Does the child appear to understand and follow spoken instructions at a similar level to others in the class? |  | |  |  |  |
| Does the child require extra explanations compared to most of the class? |  | |  |  |  |
| Does the child ask for help if they have not understood a spoken instruction? |  | |  |  |  |
| Does the child take an active part in class discussions when compared to most of the class? |  | |  |  |  |
| Does the child use a similar word order to most of the class when talking? |  | |  |  |  |
| Is the child’s use of grammar immature (e.g. –ed, -s, -ing word endings; little words such as the, a, is, are) compared to others in the class? |  | |  |  |  |
| Does the child use similar vocabulary to most of the class when talking? |  | |  |  |  |
| Does the child have difficulty using a word they want to use, even though you think it is a word they know? |  | |  |  |  |
| Is the child able to tell you about something that happened when you weren’t there in a similar order and amount of detail to most others in the class? |  | |  |  |  |
| Is the child able to make predictions and give explanations at a similar level to others in the class? |  | |  |  |  |
| Does the child stammer? |  | |  |  |  |
| **PRONUNCIATION** | **Yes** | | **No** | **Sometimes** | **Not**  **observed** |
| Are adults able to understand the child? |  | |  |  |  |
| Are other children able to understand the child? |  | |  |  |  |
| Which sounds and / or words are difficult? | e.g. | | | | |
| **RELATING TO OTHERS** | **Yes** | **No** | | **Sometimes** | **Not**  **observed** |
| Does the child show an awareness of the conventions of conversation e.g. taking turns, keeping to the topic, making eye contact? |  |  | |  |  |
| Does the child give you appropriate amounts of detail when compared to others in the class (too much / too little)? |  |  | |  |  |
| Does the child have persistent favourite topics that he/she talks about for unusual amounts of time? |  |  | |  |  |
| Does the child change their style of language between adults and children at a similar level to others in the class (e.g. more polite with adults)? |  |  | |  |  |
| Does the child have friendships with other children? |  |  | |  |  |
| Does the child take an active role in play situations with other children? |  |  | |  |  |

**Other skills:**

Indicate where the child’s skills lie in the following areas when compared to the rest of the class. Please mark as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Has greater difficulty than most of the class** | **Has similar abilities** | **Is more able than most of the class** |
| **Drawing / Painting** |  |  |  |
| **PE** |  |  |  |
| **Practical work (e.g. I.T, D.T, science experiments)** |  |  |  |

**NB Please return form completed in full (including GP, ethnic group, etc.) to:**

Email: [bromh.cccpod5refs@nhs.net](mailto:bromh.cccpod5refs@nhs.net)

Speech and Language Therapy Referrals

Care Coordination Centre

Pod 5

Central Court

1 Knoll Rise

Orpington

Kent

BR6 0JA