

## Referral Form

### Nuffield Paediatric Speech Disorders Clinic

This form should be completed by a qualified Speech and Language Therapist, following our Referral Guidelines (see separate document).

CHILD	
Name: DOB: Address: Parent/carer: Telephone: Email:	Children must be at least 3 years old when referred  Has the parent/carer given consent for us to make contact via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRING SALT	
Organisation: Name: Address: Telephone: Email:	We will contact local SALTs by email following the clinic. Please ensure we have appropriate email addresses.
OTHER SALT INVOLVED WITH THE CHILD	
Organisation: Name: Address: Telephone: Email:	If there is another SALT involved with the child please give details. Where possible, we need details of the SALT manager
GP	
Name: Address: Telephone:	To secure funding, we require a letter from the child's GP supporting this referral
SCHOOL	
Setting name: Provision: <input type="checkbox"/> mainstream school <input type="checkbox"/> special school <input type="checkbox"/> speech and language resource base <input type="checkbox"/> other: Address: Telephone: Email:	Has the parent/carer given consent for us to share our report with the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
SOCIAL SERVICES	
Are the family known to social care? <input type="checkbox"/> Yes <input type="checkbox"/> No Social Worker name: Address: Telephone: Email:	We require this information if the family are known to social care.

<b>REASON FOR REFERRAL</b>	
Please select: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Therapy advice <input type="checkbox"/> Therapy  Additional comments:	Please ensure that families understand that we may not be able to make specific speech diagnoses (such as Developmental Verbal Dyspraxia) e.g. in children with very limited verbal language or with complex needs. However, we are happy to provide advice on management. Limited therapy may be offered at our centre to explore therapy targets and support (but this will not replace) local provision.
<b>MEDICAL (OR OTHER) DIAGNOSES</b>	
Is speech the only difficulty, or does the child have any other known or suspected diagnoses?	Please remember to attach a GP medical/print off summary plus relevant medical reports e.g. from a Paediatrician or a Neurologist.
<b>HEARING STATUS</b>	
Does the child have a hearing loss? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have a history of hearing loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach an audiogram, if one is available.
<b>COGNITION</b>	
Does the child have learning difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the degree of difficulty? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  Does the child have an EHCP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have additional help in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what topics/areas do they require help with:	Please attach relevant reports if they are available e.g. EHCP, individual outcome plan, Educational Psychology
<b>MOTOR SKILLS</b>	
Does the child have gross motor difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have fine motor difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach Occupational and/or Physiotherapy reports, if they are available

**ATTENTION AND SOCIAL COMMUNICATION**

Can the child participate in formal assessment?  Yes  No

Does the child show communicative intent, and initiate communication with others?  Yes  No

How does the child communicate?  speech  sign  
 gestures  pictures/symbols  other:

Children need to be able to participate in adult directed naming and imitation activities for **at least** 30 minutes.

Where there are concerns about social communication skills, these should be investigated before referring to our speech clinic.

If you are concerned that the child may not speak in our clinic, please contact us before making a referral.

**RECEPTIVE LANGUAGE**

Is the child's comprehension of verbal language age appropriate?  Yes  No

If no, what is the degree of difficulty?

Mild  Moderate  Severe

Number of information carrying words the child follows:

Comments:

Please state your findings and/or observations, including results from standardised assessment batteries

**EXPRESSIVE LANGUAGE**

Are the child's expressive language skills age appropriate?

Yes  No

If no, what is the degree of difficulty?

Mild  Moderate  Severe

Does the child have age appropriate expressive vocabulary?  Yes  No

Can the child formulate grammatically accurate sentences?  Yes  No

Examples of utterances:

Please state your findings and/or observations, including results from standardised assessment batteries

SPEECH SOUNDS	
<p>How many sessions of direct therapy on <u>speech</u> to date?  Over what period?  Frequency of direct therapy?  Frequency of practice?  Who is practising with the child?</p> <p>Current speech targets:</p> <p>Progress:</p> <p>What consonant and vowel sounds can the child imitate?</p> <p>What sounds can the child use in words?</p> <p>Have you noticed any phonological processes/error patterns or particular substitutions/insertions/deletions?</p> <p>Comments:</p>	<p>Please state your findings and/or observations, including results from standardised assessment batteries</p> <p>You must attach speech and language therapy reports and programmes to this referral. Please list attachments here:</p> <p>Please ensure that the parent fills out the Intelligibility in Context Scale (see case history form)</p>
<p>Signed:</p> <p>Name of SALT:</p>	<p>Date:</p>

**When sending this referral to us, please check that you had adhered to our Referral Guidelines, and included/attached the following:**

- All relevant contact details
- Parent/carer case history form
- GP letter supporting the referral, along with a GP print off/medical summary
- SALT reports, plus any relevant medical and/or education reports

**Where all the relevant information is not included, the referral will be returned to you.**

**We regret that we are unable to discuss referrals in detail. We hope that the information in this form and our Referral Guidelines will answer any queries.**

**If you are planning to come to the clinic, please check the appointment date with the family. Be aware that appointments are sometimes changed. Otherwise, we will contact the referring SALT after the appointment to give feedback, by email.**