

Reason for Referral - please outline the difficulties observed below:

Area of difficulty (relative to overall ability)	Yes/ No	Comments/observations:
Attention & listening		
Verbal comprehension (understanding of language)		
Expressive language		
Speech Sounds		Please complete speech sound screen (see p6 for instructions regarding referral)
Play & interaction		
Social communication (i.e. use of language for a range of purposes e.g. asking questions, making jokes and use of non-verbal communication e.g. eye contact, facial expressions)		
Fluency (e.g. stammer)		
Voice NB: We can only accept referrals for voice difficulties once ENT have assessed vocal cord function; our service can only give one-off advice for voice difficulties.		
Other		

Please outline what has already been put in place to support this child. (Evidence of a plan, do, review cycle from a setting is expected if the child attends an educational setting.) A formal screen AND RESCREEN should be included with outcomes/progress following setting based input recommended from the screen – REFERRALS WILL BE REJECTED IF THIS IS NOT PRESENT. (Children with recognised complex needs may not require this evidence.) Please see our website for accepted screens and interventions.

Please attach/enclose screening assessment with this referral

Child's name:

D.o.b.:

NHS no:

p3 of 9

Please add comments about other aspects of the child's development: e.g. child's general level of ability, coordination, reading and writing skills etc. (include information about areas of strength as well as difficulty):

What is the desired outcome of this referral to the Speech & Language Therapy team?

If targets and/or strategies are recommended by the Speech & Language Therapist, who will be able to carry these out or support their implementation?

Safeguarding issues

Any Child Protection Issues?

Y N

Is this child known to Social Services?

Y N

Is this child a Child in Need?

Y N

Is this child subject to a Child Protection Plan?

Y N

Is this child a Looked After Child?

Y N

Has there been a Family Support Plan?

Y N

If yes to any of the above, please add the following information, as appropriate:

Social worker:

Name of family support worker:

Name(s) of foster carer(s):

Does the child have any vision or hearing difficulties?

Date of last hearing test:

Are there any relevant diagnoses or medical problems?

Names of other key professionals involved: (E.g. Paediatrician, Portage Worker, Educational Psychologist)

Please attach any relevant reports.

Any other concerns:

Has the Child previously been referred to Speech & Language Therapy?

Details:

If the child has had previous targets set by a Speech and Language Therapist, please outline the progress that they have made with these:

Target:

Progress made/other comments:

Note: Home visits are often made by a lone worker. Are there any issues / concerns about lone workers and this family? Yes No

Details:

Child's name:	D.o.b.
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Language(s) spoken at home:

By child:

By other family members:

Are the concerns noted in all languages spoken? Yes No

Is an interpreter needed for parent/carer?

We are required by the Government to monitor that all health services are equally accessible to all groups within the community. Please indicate which of the following best describes your child's ethnic origin:

White	British		Black or Black British	Caribbean	
	Irish			African	
	Any other white background			Any other Black background	
Mixed	White & Black Caribbean		Other ethnic	Chinese	
	White & Black African			Any other ethnic category	
	White & Asian		I prefer not to say what ethnic origin is		
	Any other mixed background				
Asian & British Asian	Indian		Child's religion:..... (please leave blank if you prefer not to say)		
	Pakistani				
	Bangladeshi				
	Any other Asian background				

Notes to referrer**Please post referral to:**

**ECCA, Hamilton House Battery Green Rd Lowestoft Suffolk NR32 1DE
Telephone: 01493 809977**

Please attach any recent and relevant reports, and the speech sound screen if appropriate.

Please ensure you have consulted the referral guidelines on the ecch.org website before completing this referral – <https://www.ecch.org/our-services/services/cf-speech-and-language-therapy-for-children-and-young-people/>

Documents attached to referral:

Educational Psychologist report:
Report from Advisory/Specialist teacher:
Report from Community Paediatrician:
ECCH SaLT speech sound screen:
Other speech/language screening tool
e.g. SpeechLink, Wellcomm (please specify):
Other report/document (please specify):

East Coast Community Healthcare Speech Sound Screen

Instructions

- Ask the child to name the pictures one by one. Make sure you listen really carefully and write down the word exactly as the child says it.
- If the child is unable to name the picture then say the word for them and ask them to repeat it but make a note that it was repeated.

For example

Target Word	Child's production of the word		
	Date:	Date:	Date:
mouse	mou		
spider	biyer		

Recommendations

If the child **isn't** saying the sounds expected for their age (see Appendix 1) and this is the **main** area of speech and language difficulty :

- Follow the advice handout 'Supporting Children with Unclear Speech' (ECCH.org) AND
- If the child is older than 3 years carry out a phonological awareness programme for a minimum of 8 weeks at least three times a week (preferably in a group) A recommended programme is available on the ECCH website (ECCH.org)
- Record your intervention using the record sheet attached.
- Repeat the phonological screen using the same record sheet to measure progress.
- **NB If the child is older than 3 and uses less than 6 different consonant sounds and is very difficult to understand then please refer to SLT immediately with copy of speech sound screen (but still carry out phonological awareness activities).**

If the child :

- has made minimal progress (following the above intervention) OR
- has made some progress but still shows many errors AND/ OR
- is very difficult to understand

Then make a referral to SLT

Speech Sound Screen Record Sheet

Name :

Date of Birth:

Child's Production of the Word

Target Word

Date:

Date:

mouse

pig

two

door

car

fish

sun

sheep

chair

leaf

driving

jelly

witch

black

flower

cloud

green

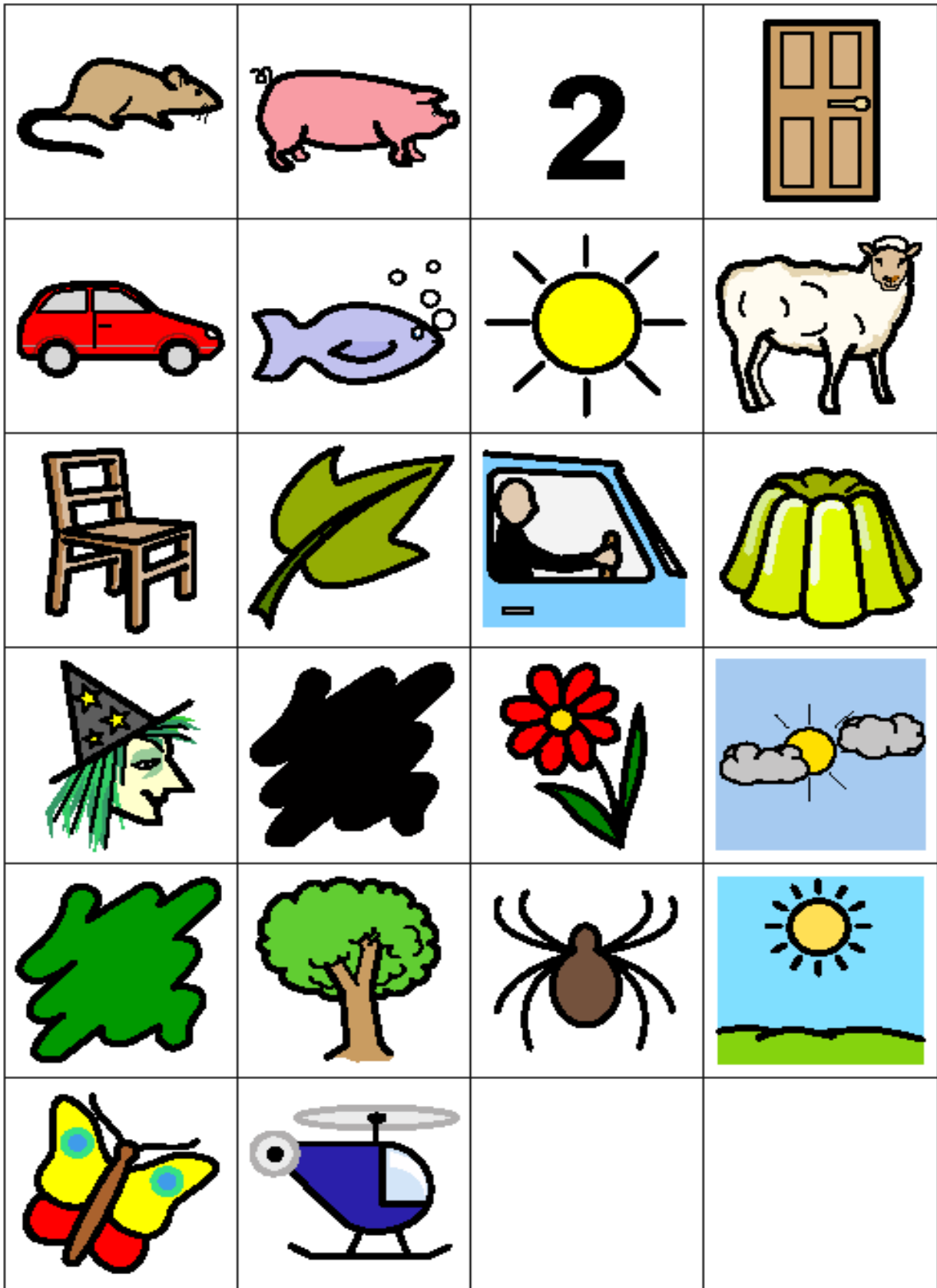
tree

spider

sky

butterfly

helicopter



Speech and Language Therapy Appendix 1

Speech Sound Development

Approximate Age of acquisition	Sounds
3 years	p, b, t, d, m, n, f, s, z, h, w, y
3-4 years	k, g, ng
4-5 years	l, r, ch and j l, w, r and s consonant blends e.g floor, train, spider, twelve, nest, qu(kw)een
6-7 years	r, th

Speech sound processes

Children go through a pattern of simplifying sounds when developing their speech. These simplifications are called 'phonological processes' and are part of normal development.

See below for the most frequent phonological processes :

Phonological process	Example	Approximate age the process should disappear
Final consonant deletion	The final consonant is omitted. e.g. bus -bu, sock -so	3 years
Fronting	Sounds made at the back of the mouth are replaced with sounds made at the front. e.g. car-tar, girl-dirl.	3 -4 years
Stopping	Long sounds are replaced by short sounds e.g. sun-dun, fire-pire , shop-top	3 – 4 years
Weak syllable deletion	The weak syllable is omitted. e.g. nana for banana, puter for computer	4 -5 years
Cluster reduction	Words with two or more consonants together are simplified to one consonant. e.g. flower-fower, crab- cab, spoon poon, star-tar	4- 5 years
Gliding	l and r sounds are replaced by w and y sounds. e.g. rabbit-wabbit, like-wike	5-6 years