

Parental consent MUST be obtained prior to the referral being made.

CHILDREN'S SPEECH & LANGUAGE THERAPY (SaLT) REFERRAL
(Referral will be declined or delayed if information is missing)
PLEASE COMPLETE FULLY IN BLACK INK.

| | |
|---|--|
| <p>Child's Name: Address: NHS Number:</p> <p>D.O.B. / / M <input type="checkbox"/> F <input type="checkbox"/></p> <p>G.P. Name: Practice:</p> <p>School/Nursery/Preschool:</p> <p>Health Visitor/School nurse:</p> | <p>Parent/Carer Name(s):</p> <p>Relationship to Child:</p> <p>Address (if different to child):</p> <p>Postcode:</p> <p>Telephone No(s):</p> <p>Names of those with Parental responsibility:</p> <p>Other Members of the Household:</p> |
|---|--|

Referrer Information and Consent

Consent for referral to speech and language therapy gained from:

Name: _____ Relationship to child: _____

Consent to text message reminders

Consent gained by:

Name: _____ Signature: _____

Job title: _____ Telephone No: _____

Address _____

Date consent gained: _____ Email: _____

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) <small>(If fluency is the ONLY referral reason, evidence of a plan do review cycle is not required.)</small> | | |
| 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. Evidence of plan do review is not required for voice issues. | | |
| 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 required if the child attends an educational setting e.g. school or preschool/nursery) 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 and evidence of intervention with this referral.

Child's name:

D.o.b.:

NHS no:

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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. |
|----------------------|---------------|

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://salt.ecch.org/>

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

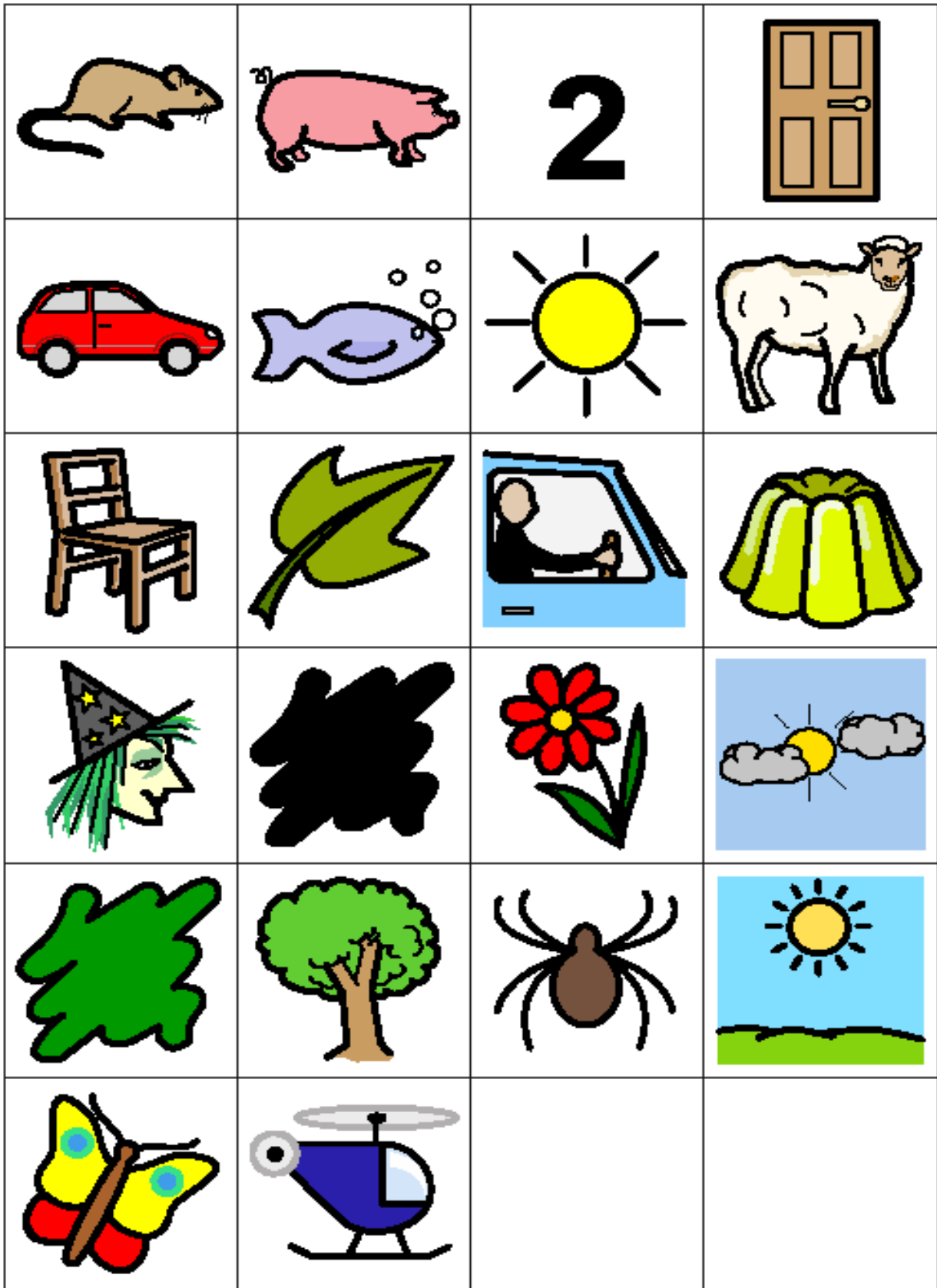
Then make a referral to SLT

Speech Sound Screen Record Sheet

Name :

Date of Birth:

| Target Word | Child's Production of the Word | |
|-------------|--------------------------------|--|
| | Date (Before intervention) | Date (After a minimum of 8 weeks intervention) |
| 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 |