

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.

Child's Name:

Address:

NHS Number:

Parent/Carer Name(s):

Relationship to Child:

Address (if different to child):

D.O.B. / / **M** **F**

Postcode:

G.P. Name:

Practice:

Telephone No(s):

School/Nursery/Preschool:

Names of those with Parental responsibility:

Health Visitor/School Nurse:

Other Members of the Household:

Referrer Information and Consent

Who has given consent for this referral to be made?

Name:

Relationship to child:

Do they have parental responsibility? Y/N **Consent given to receive text message reminders? Y/N**

Date consent was gained:

Name of person making referral:

Name:

Signature:

Job title:

Telephone No:

Address:

Email Address:

Child's name:

D.o.b.:

NHS no:

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Reason for Referral - please outline the difficulties observed below:

Area of difficulty (relative to overall ability)	Area of concern? Yes/No	Comments/observations (please provide as much information as possible)
Attention & listening		
Verbal comprehension (understanding of language)		
Expressive language (spoken language)		
Speech Sounds		Please only complete speech sound screen for a verbal child where there are concerns around speech. (See p6 for instructions)
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)		
<p>Fluency (e.g. stammer) (If fluency is the ONLY referral reason, evidence of a plan do review cycle is not required.)</p> <p>Please include information around how long the stammer has been present for, if there is a family history and try and describe the stammer (e.g. sound repetitions, word repetitions, blocking, facial grimaces etc)</p>		
<p>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.</p>		
Other		

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.

What screens have been carried out with the child? Please also attach/enclose screening assessment with this referral)

Child's name:

D.o.b.:

NHS no:

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What intervention has been carried out with the child? (Please also attach/enclose evidence of intervention with this referral form). Intervention can be 1:1 or small group work.

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:

Does the child have an Education and Health Care Plan (EHCP?)

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		Child's religion:..... (please leave blank if you prefer not to say)		
Asian & British Asian	Indian				
	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 to attach to referral (if appropriate):

- 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):



- 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

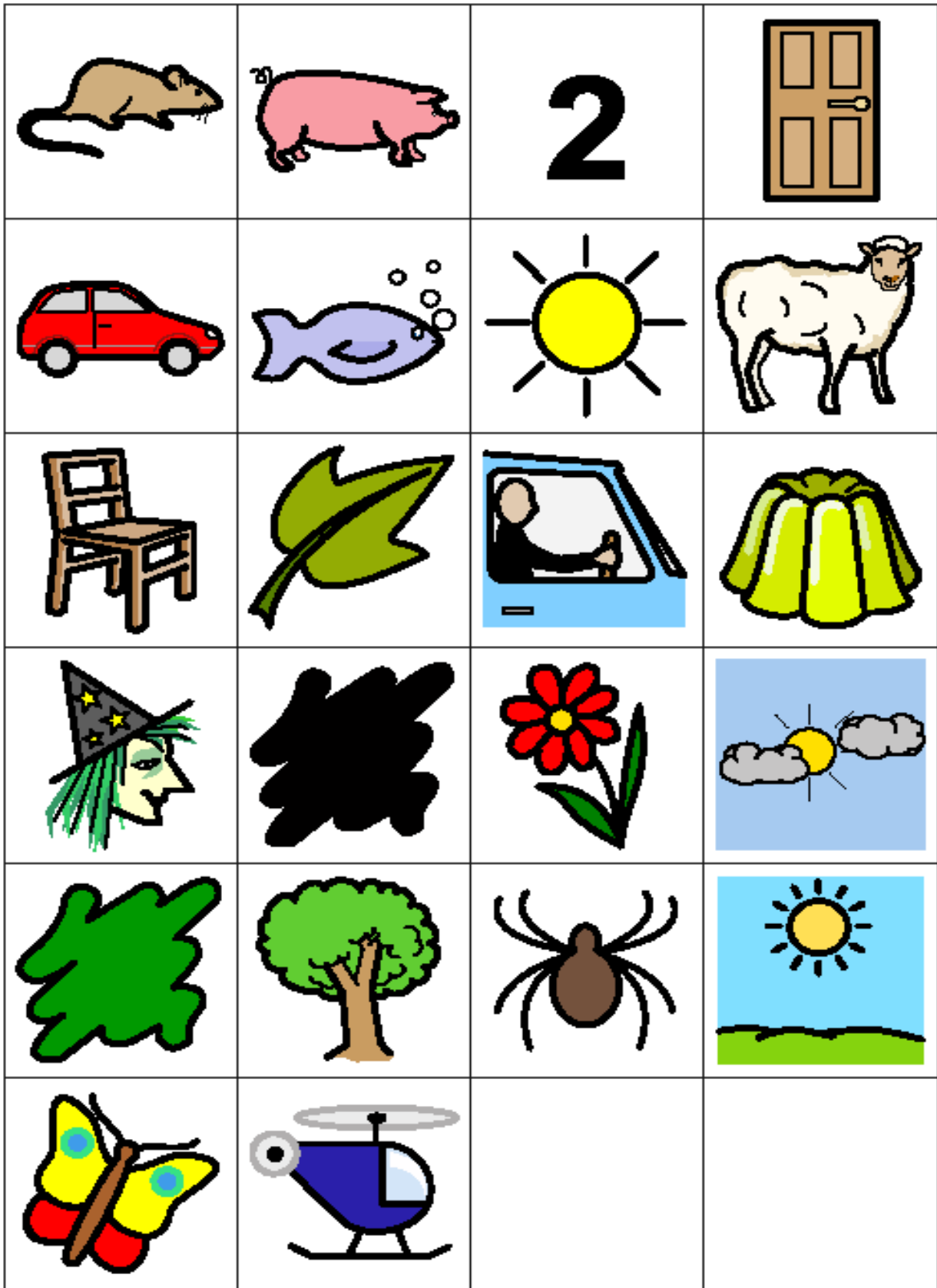
Then make a referral to SLT

Speech Sound Screen Record Sheet

Child's Name :

Date of Birth:

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