



**GUIDANCE ON REFERRING A PRE-SCHOOL AND YOUNGER CHILD TO THE
PAEDIATRIC SPEECH AND LANGUAGE THERAPY TEAM**

- From January 2019 a completed referral form will be needed to make a referral to our service. This will then be triaged and considered for acceptance for an initial assessment, based on the criteria for our service.
- For pre-school and younger children we have an open referral policy so we accept referrals from parents / carers, GPs, medical or education professionals, pre-schools or nurseries.
- Transfers in from other Speech and Language Therapy services will also be triaged and considered for acceptance, based on the criteria for our service.
- All sections of the form must be completed. If there is missing information the referral will be returned. If a section is not relevant then please ensure this is marked as N/A.
- Please provide as much information and detail as possible as incomplete or limited information may delay the referral process. Please provide examples where appropriate.
- Once complete please send this form to:
Single Point of Access Administrator, Speech and Language Therapy via our email address: ccs.beds.childrens.slt.admin@nhs.net
- For enquiries please contact the service on **0300 555 0606**



Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk





**SPEECH & LANGUAGE THERAPY REFERRAL FORM FOR
PRE-SCHOOL AND YOUNGER CHILDREN**

**ALL SECTIONS MUST BE COMPLETED.
IF THERE IS MISSING INFORMATION THE REFERRAL WILL BE RETURNED.
IF A SECTION IS NOT RELEVANT PLEASE MARK WITH N/A.**

Name of Child: _____ D.O.B: _____ / _____ / _____

Address: _____ NHS No: _____

_____ Ethnicity: _____

Telephone No: _____ G.P: _____



Is this a re-referral to the Speech and Language Therapy Service? _____

Name of parent / carer and relationship to child: _____

Date parent / carer permission given for referral: _____

PLEASE NOTE A REFERRAL WILL NOT BE ACCEPTED UNLESS THE ABOVE DATE IS COMPLETED.

PARENT / CARER MUST COMPLETE THE FOLLOWING BOX:

<p>We, Cambridgeshire Community Services (CCS) NHS Trust: Would like to send text (SMS) messages for appointment reminders and to share useful health information. I agree to receive text (SMS) messages</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>We may offer appointments using video calling; for this we need your current email address. I agree to having video call appointments</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>We can leave voice messages from the service on my home/mobile number if you are unavailable. I agree to voicemails being left.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>We would like to send your letters or reports by email, which could include personal, sensitive data. If you select yes, we will not send your letters or reports in the post, we will email them to you instead. Once any information has left our secure NHS email accounts, the security of the information is your responsibility. I agree to receive emails which could include personal information:</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Sharing information: Are you happy for us to share your child's record with other health services who are involved with your child's care?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Are you happy for us to have access to the records held by other health services involved in your child's care?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If we need to liaise with other professionals involved with your child, e.g. pre-school, school staff, social care, are you happy for us to share information with them? I understand that this information may be shared verbally, in the form of written reports or via computerised records.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:  	Parent/Guardian Signature: _____	Relation to child: _____

Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk





Name of Pre-School / Nursery: _____

Address: _____

Referrer Name: _____ Position/Title: _____

Telephone no: _____ Date of Referral: _____

What do you hope to achieve from this referral?

Have you completed the Early Years Communication and Language Toolkit to assess/support this child?

Yes / No If yes then please attach the completed assessment screening tools and completed outcomes/SEND support plan.

First language: _____ Is an interpreter required and who for? _____

Does the child have an Education, Health and Care Plan or additional support at pre-school / nursery?



Does the child have any medical diagnoses? (e.g. hearing impairment, ASD etc.) _____

Is this a Looked After Child? _____ CP / CIN plan in place? _____

Named Social Worker: _____ Telephone No: _____

Other Agencies Involved:

Agency	Named professional	When were they last seen?
Edwin Lobo Centre		
Child Development Centre		
Audiology		
Early Years Support Team		
Eye Service		
Social Services		
Other (Please specify)		

  **Please enclose copies of reports from any of the above agencies. Please also attach recent IEPs/observations.**

Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk





PLEASE PROVIDE AS MUCH INFORMATION AND DETAIL AS POSSIBLE AS INCOMPLETE OR LIMITED INFORMATION MAY DELAY THE REFERRAL PROCESS. PLEASE PROVIDE EXAMPLES WHERE APPROPRIATE / ATTACH COMPLETED SCREENING TOOLS FROM THE EARLY YEARS COMMUNICATION AND LANGUAGE TOOLKIT.

If the form is being filled in by hand then please continue on an additional sheet if required.

Attention and Listening

(Can they concentrate on activities they choose? Are they easily distracted? How do they cope in group activities? Do they turn when you call their name?)

Play

(What kind of toys do they like to play with? What games do they play? Are they showing imaginative play or role play? Is their play repetitive? Do they play with adults and / or other children? Do they prefer to play alone?)

Social Interaction

(Are they making eye contact? Do they initiate play or interactions? Can they take turns during play? Do they show interest in their peers and / or adults? Do they respond to others interactions?)

Understanding of Spoken Language

(Do they understand and answer questions like 'what', 'who' and 'where'? Can they follow instructions? Do they need actions and the context to be able to follow commands?) Please include specific examples and how this child responded to them.

Talking

(How do they make requests / ask for things? How many words are they joining together? What kind of vocabulary are they using – names, action words, description words? Are there other ways they tell you things e.g. pointing, leading you by the hand, making noises, babbling?) Please include specific examples of language and / or communication used.



Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk





Speech Sounds

Please attach a list of more than 20 words that your child finds difficult to say and write how they are saying them, for example 'cat' is said as "tat", 'duck' is said as "du".

(Can people understand their speech? Are they frustrated if their speech is not understood?)

Stammering (Dysfluency) – only complete if the child presents with stammering behaviours

Parent's description of the problem:

What does your child do when he/she stammers? Please see the box below and tick yes or no:

	Yes	No
Do they repeat whole words, eg, but but but?		
Do they repeat parts of words, eg, b-b-but?		
Do they stretch out sounds, eg, mmmum?		
Do they get stuck on a sound and nothing comes out?		
Do they do anything else with their face or body when they stammers?		
Do they give up on trying to say things?		
Do you think they are aware of the stammer?		
Do you think they are worried about it?		
Are you worried?		

Please provide information for the following questions:

When did they start stammering?

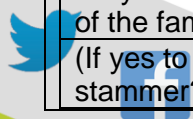
Has it changed since then? If yes, in what way?

When is it better and when is it worse?

If they are talking to you and stammer, what do you do or say to try and help?

FAMILY HISTORY – please complete the following table:

	Mother	Father
Have either of you ever stammered?		
Do you still stammer?		
Do you have any blood relatives on your side of the family who have ever stammered?		
(If yes to the previous question) Do they still stammer?		



Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk





Levels achieved in the Early Years Foundation Stage (EYFS)

Please provide information of the level of development / age band that the child is currently working in for the Prime Areas of the EYFS, if they attend a childcare provision. If they do not attend a provision at present please tick this box. ☐

	Developmental level / checkpoint
COMMUNICATION AND LANGUAGE	
Listening and attention	
Understanding	
Speaking	
PHYSICAL DEVELOPMENT	
Gross motor skills	
Fine motor skills	
PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT	
Self Regulation	
Managing self	
Building relationships	

NB: Understanding is separated out as it is helpful for us to know the difference between their understanding and listening/attention

Parent / Carer Section

What would you like to achieve from this referral?

Concerns / Comments:

Once complete please send this form to:

Single Point of Access Administrator, Speech and Language Therapy via our email address:

ccs.beds.childrens.slt.admin@nhs.net

For enquiries please contact our Health HUB on 0300 555 0606



Health HUB number: 0300 555 0606

Email: ccs.beds.childrens.slt.admin@nhs.net

Web: www.childspeechbedfordshire.nhs.uk

