



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

- School aged referral need to be completed by the child's school in liaison with parents. (please contact the service directly if you child is home schooled). Referrals from a child's school will be triaged based on the information in the referral form.
- Please contact the department to liaise over the telephone if you are unsure if the referral is appropriate at this time. Please call on 01234 310163 or on 01234 310712.
- The Communication Trust Speech, Language and Communication Progression Tool can be used to support your referral. Indicate if the child is in Red, Amber or Green for each area of development. Ensure you include examples from the direct assessment and observations from the progression tool or your schools chosen monitoring tool. Please include the profile chart with the referral (there is no need to include the full assessment).
- All sections of the form must be completed and reports from other professionals need to be included e.g. Educational Psychologist, EHCP documentation. 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 read and sign the 'Working Together with Schools' document enclosed and send it with the completed referral.
- 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

**SPEECH AND LANGUAGE THERAPY SERVICE
WORKING TOGETHER WITH SCHOOLS**

To ensure the best outcome for children on the Speech and Language Therapy caseload, during the school visit we will:

- Observe the child in class and/or work with the child individually.
- Liaise with parent/carer and school staff.
- Provide advice, discuss recommendations and demonstrate therapy ideas and/or strategies.
- Provide written advice or targets as appropriate.

We will need you to:

- Inform the parent/carer of the visit. NB: Parent/carers are required to attend two meetings during the initial visit.
- Provide an appropriate quiet room for us to work.
- Release support staff to accompany the child to the session.
- Ensure that teaching staff are available to discuss progress and targets.
- Carry out the recommendations as advised.
- Let us know if there are any difficulties in following the advice and providing the recommended support.

Speech and language therapy input will continue until one or more of the following criteria are met:

- The child has achieved the agreed targets.
- Advice and strategies are in place.
- The child is not motivated or no longer wants to continue with therapy.
- The parent/carer and/or school cannot provide the recommended support.
- The child's communication needs are being met by another professional.

Please complete:

I confirm I have read the above information and agree to the school's role in supporting the child we are referring.

Signed: _____

Please insert an electronic signature.

Name of referrer: _____

Role: _____

School: _____

Once complete please send this form to:

Single Point of Access Administrator, Speech and Language Therapy via email:
ccs.beds.childrens.slt.admin@nhs.net

Tel No: 01234 310163 or 01234 310712



**SPEECH & LANGUAGE THERAPY REFERRAL FORM
FOR SCHOOLS**

**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: _____

Landline No: _____ Email _____

Mobile number: _____ G.P: _____

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

Has a first language screen been completed (Please circle, If Yes please attach to the referral): Yes No

Does the child have an Education, Health and Care Plan? Yes No

Is this a Looked After Child? Yes No

CP / CIN plan in place? Yes No

Named Social Worker: _____ Telephone No: _____

Other Agencies Involved:

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

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



Parent / Carer Section

What would you like to achieve from this referral?

What are your current concerns with your Child's Speech, Language and communication?

What steps you have already taken, and any strategies you have used, to support your child?

Consent:

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**

Yes No

We may offer appointments using video calling; for this we need your current email address. **I agree to having video call appointments**

Yes No

We can leave voice messages from the service on my home/mobile number if you are unavailable. **I agree to voicemails being left.**

Yes No

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:**

Yes No

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?

Yes No

Are you happy for us to have access to the records held by other health services involved in your child's care?

Yes No

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.

Yes No

Name

Parent/Guardian Signature:

Please insert electronic signature if possible.

Relation to child:

Date

____/____/____

School section:

Please provide examples where appropriate. If a section is not relevant, please mark with N/A.

Name of School: _____

School Address: _____

Referrer Name: _____ Position/Title: _____

Telephone No: _____ Contact email: _____

Date of Referral: ____ / ____ / ____

Is this a re-referral to the Speech and Language Therapy Service? Yes No

Have you used the Communication Trust Speech Language and Communication Progression Tools to assess and support the child and used as part of the referral documentation? Yes No

What do you hope to achieve from this referral?

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

Academic / Learning levels – (please include specific information on the child's academic levels across a range of subjects. What support are they already receiving in school?)



Attention and Listening

(Can they focus on adult led activities? Are they easily distracted? How do they cope in group activities?)

Concerns:

Steps you have already taken, what strategies have you used, to support the pupil:

Understanding of Spoken Language

Concerns:

(Can they follow instructions? Do they understand a range of questions? Can they follow classroom language?, Are they aware when they have not understood?)

Steps you have already taken, and any strategies you have used, to support the pupil:

Progression Tool Score (Understanding/Verbal Reasoning)			
Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>



Use of Spoken language

Concerns:

(How are they communicating? What type of sentences do they use? Are they using new and appropriate vocabulary? Are they able to share their own experiences, retell stories, sequence events?)

Steps you have already taken, and any strategies you have used, to support the pupil:

		Progression Tool Score (Understanding/Verbal Reasoning)		
Vocabulary	Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
	Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
Sentence	Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
	Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
Narrative	Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
	Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>

Speech Sounds

If this is an area of concern please download and complete the [speech screener](#) which is available on our website attach to the referral.

Concerns:

(What sounds are difficult to produce? Examples of how words are said (please complete the speech screener at the of the referral and attach). Are they able to break words into syllables?)

What is the impact of the speech difficulties e.g. frustration, avoiding speaking, able to repeat themselves, method of communication when not understood?



Please detail any steps you have already taken, and any strategies you have used, to support the pupil:

Progression Tool Score Speech (up to age 8 only):			
Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>

Stammering (Dysfluency)- *only complete if the child/young person presents with stammering behaviours*

When they stammer what happens? (repeats whole words, parts of words, prolongs sounds, avoids words)

Does the child physically struggle to speak at times? (In other words can tension be observed?)

Is the child, you or their parent / carer worried about the child's fluency of speech?

Is there a family history of stammering and if so did the stammering persist into adulthood?

Has the child been stammering for more than 6- 12 months and has the stammering stayed the same or become worse?

Does the child have, or has he/she had in the past, any other speech and language difficulties?



Voice e.g. Does the pupil have any problems with his / her voice?

Social Skills - please describe any concerns you have about the pupil's social interaction:
(an they take turns in play? Play imaginatively, talk about things they are not particularly interested in? take turns in two way conversation?)

Progression Tool Score Social			
Questions	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>
Observations	Red <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input type="checkbox"/>

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