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**Paediatric Speech and Language Therapy Service**

**Parent / Carer Referral Form**

**Where possible it will be helpful to discuss this referral with your child’s pre-school and include additional information from them, with this form.**

**Please provide as much detail as possible as this will help us process your referral as efficiently as possible.**

Name of child: ………………………………………NHS Number:……………….

Date of Birth: …………………. Ethnicity: ………………………

Address: …………………………………………………………………..

Telephone Number: ……………………………Mobile Number:………………….

The Speech and Language Therapy Service can leave voice messages from the service on my home/mobile number if I am unavailable. Please tick for yes.

We use a SMS/Text message reminder service for appointments. If you wish to opt out of this service then please tick the box. If the box is not ticked you will receive these SMS / Text message reminders.

GP: ………………………………………………………………………………

Pre-School / Nursery: ………………………………………………………

Does your child have an EHCP? Y / N \*

Is this a Looked After Child? Y/ N \*

Named Social Worker : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Referral: …………………………………………….

Name of Parent / Carer: …………………………………………………………….

Home Language: …………………………………………….

Does your child have appointments with anyone else eg Physiotherapist, Occupational therapist, ENT Department? Please give details of other people who help your child. …………………………………………………………………………………………..

…………………………………………………………………………………………..

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|  **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 and Social Development**(Do they initiate play or interactions? Can they take turns during play? What kind of toys do they like to play with? What games do they play? Are they showing imaginative play or role play? Do they play with adults and / or other children? Do they prefer to play alone?) |
| **Understanding of Spoken Language** (Do they understand and answer questions like ‘what’, ‘who’ and ‘where’? Can they follow instructions?) |
|  **Talking**(How many words are they joining together? How do they tell you what they want? What kind of words are they using – names, action words, description words? Other ways they tell you things e.g. pointing? Leading you by the hand? making noises or babbling?) |
| **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)**

|  |  |  |
| --- | --- | --- |
|  | **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, mmmmum? |  |  |
| 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? |  |  |

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| **Other development:** Do you have any other areas of concern about your child e.g. late to develop certain skills, struggling at pre-school? |
| **Please tell us anything else about your concerns that have not been covered by this form.** |

* Once complete please send this form to:

Single Point of Access Administrator

Speech and Language Therapy

Florence Ball House

Bedford Health Village

3 Kimbolton Road

Bedford

MK40 2NT

* For enquiries please contact the service on 01234 317002