SPEECH AND LANGUAGE THERAPY REFERRAL FORM

PLEASE REFER TO THE STAGED PATHWAY TOOLKIT WHEN COMPLETING THIS FORM

Click to view the Staged Pathway Toolkit

ALL SECTIONS MUST BE COMPLETED

Child's Name: Child's DOB:	Surname:		First Name:	
		Male/Female:		NHS No:
Child's Address:	House No/Name/Street:			
	Town/City:			
	Postcode:			
Child's School/Setting: Setting/school e-mail :			Date started:	
Has the child been in a previous setting?	Name of setting/dates attended			
Parent/carer Main Contact	Name: Relationship:	Contact number:	Email	
Parent/carer second contact	Name: Relationship:	Contact number	Email	
GP:				
Languages spoken at home:	Child's first language:	Would parent/carer benefit from an interpreter: YES / NO	If yes, which language:	

Referral completed by:		Role:	
Contact Address:			
Contact Tel No:		Contact e-mail:	

Is this referral for communication ☐ feeding/swallowing ☐ or both (tick box) ☐

Why are you referring this child and what are your main concerns?

Is the child's overall development on track? If not which areas of development are a concern? Child development tool **Please comment on all areas of learning and development below**	YES	NO
Comments:		

Please comment on ALL the following: (if not an area of difficulty write 'no concern')

Hearing:	Checked:			Date:	Outcome:
	YES	NO	NOT KNOWN		
Listening and attention:					
Understanding of language:					
Use of language: *incl non verbal ability/words/sentences*					

Speech sounds: *give examples of errors if possible, who is speech intelligible to?* Sound development checklist	
Fluency i.e. stammering	

Social use of language/interaction	
Voice quality	
Feeding/ swallowing	

EXAMPLES FOR THE FOLLOWING ARE IN THE STAGED PATHWAY TOOLKIT

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What strategies have you already tried and for how long? What difference has this made? What support is already in place?

In this section list any things you or other people have tried to improve the child's speech and language skills. This may include advice to parents, groups, specific strategies e.g. small group work, attendance at a language enhancing group at a Children's Centre.

What advice and support have the family been given? Have they followed this? What difference has it made?

Are there any barriers to the family accessing the service?

What other agencies are involved, for example, Social Services/Health professionals/Special Needs?

Agency	Named person	Contact address/telephone

For parents/carers: what are your concerns-s there anything you would like the SLT to know about your child?

This referral has been shared with me. I consent to referral to Speech and Language Therapy. I understand that appointment information and findings will be shared with the referrer and school/setting.

	Parent/Carer with parental responsibility
Signed:	
Name:	Date:

RETURN TO Speech/Language Therapy Service, Bentilee Neighbourhood Centre, Dawlish Dr, Bentilee, Stoke on Trent, ST2 OEU
Tel: 01782 234484 / 234485 or email: sltnorth.admin@mpft.nhs.uk