**Specialist Children’s Services**

**SPEECH AND LANGUAGE THERAPY REFERRAL GUIDANCE FORM**

Reception – 19 years old

(for preschool children please attend a drop-in clinic)

**Key Stage 1 (5 to 7 years old)**

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| **Should be able to:** | **Tick all areas of difficulty** | **✓** | **Next steps** |
| **Attention*** Able to attend to instruction in class.
* Listens well without needing a lot of adult direction.

Please refer to ‘Attention Levels and Strategies’ guidance. | Is not able to consistently listen and respond to spoken instruction whilst engaged in appropriate classroom task. |  | If concerned put in place early intervention within school. For example,* Specific listening activities (see Letters and Sounds phase 1)
* Teaching Children to Listen, Jackie Woodcock and Liz Spooner
* Active Listening for Active Learning, Maggie Johnson
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| **Understanding spoken language**Able to follow classroom instructions independently, not relying on visual or contextual cues given by peers or teacher.Able to infer information from pictures and situations | Is not able to respond to a sequence of instructions of 3 or more items e.g. put the pencil in the box, go to the desk and bring me your book. |  | If concerned about one or more of these areas refer to Speech and language Therapy by completing referral form. Recommended universal provision* Using visual support alongside verbal instructions,
* Simplify language (reduce use of idioms and metaphorical language in your speech).
* Pause and give the child time to respond
* Language For Thinking, Brannigan and Parsons, Speechmark Pubs.
* Discuss ‘why / because’ scenarios in real life situations.
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| Is unable to make inferences (i.e. ‘read between the lines’) from pictures or verbal information given. E.g. is unable to point to the picture showing heavy rain when told ‘it’s raining cats and dogs’.  |  |
| Is unable to answer ‘why / because’ questions. |  |
| Unable to make simple predictions about stories or pictures from the information available. |  |
| **Using spoken language**Able to describe recent, past or future events using sentences containing grammatical constructions such as “have seen”,Developing irregular tenses (e.g. bought, threw) and irregular plurals (e.g. mice, children) | Is unable to consistently signal use of tense in spoken language. |  | If concerned about one or more of these areas refer to Speech and language Therapy by completing referral form. Recommended early intervention* Supporting vocabulary learning in the classroom using Word Aware (Brannigan and Parsons)
* Include child in Narrative therapy group (Black Sheep Press)
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| Does not demonstrate some use of more advanced sentences containing “and” “because” |  |

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| **Speech Sounds**Refer to ‘Normal Speech Sound Development’. | Is not secure with sounds expected for 90% of children at their age (please refer to ‘Normal Speech Sound DevelopmentSpeech screening tool is provided to guide you with your referral. |  | If the child is not within the suggested age norms (90% of children) please refer to SLT.Recommended universal provision* Ensure child is looking and listening when you model speech,
* Increase opportunities to develop attention and listening skills,
* Increase listening to the sounds in phonics sessions,
* Don’t correct the child’s speech but model the correction production of the word for them to hear.
* If concerned about lips please refer to ‘Lisp’ section of guidance notes.
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| **Social Skills**Using all language skills appropriately and developing social conventions for use in discussion and conversation. | Is not using language to extend social skills and make friends.  |  | If concerned about one or more of these areas refer to Speech and language Therapy by completing referral form. Recommended universal provision* Observe play in social context with other children, and record observations.
* Include in small group work
* Simply language
* Model simple turn taking games and simple social phrases such as ‘my turn now’.

Recommended early intervention* SEAL
* Nurture groups
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| Difficulty with social rules, e.g. eye contact, turn taking, initiating interactions, staying on topic etc. |  |
| Is not able to make inferences or ‘read’ situations. E.g. can recognise that someone is upset.  |  |
| StammeringConnected speech should be fluent with natural pauses | Is not speaking fluently e.g. m, m, m, m, m, mama or b, b, b, b, b, ball (repetition) or mmmama or bbball (prolongation) in a word or phrase.  |  | If concerned about one or more of these areas refer to Speech and language Therapy by completing referral form. Recommended universal provision* Reduce demand to talk
* slow interactions down,
* reducing questions
* give the child lots of time to think and talk.
* Build general confidence
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| This is accompanied by blinking or breath disruption or facial tension or foot tapping (typical signs of struggle/tension)? |  |

**PLEASE ATTACH THIS COMPLETED FORM WITH THE REFERRAL FORM**

**Referrals received without this form will be returned**

Please describe in further detail if appropriate: