**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 2 (7 to 11 years old)**

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| **Should be able to:** | **Tick all areas of difficulty** | **✓** | **Next steps** |
| **Attention**  Able to take in information from listening, looking and doing at the same time for sustained period.  Please refer to ‘Attention Levels and Strategies’ guidance. | Is not able to integrate at least 2 channels of attention at the same time e.g. verbal instruction and visual information for the full time required to learn or carry out a 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 |
| **Understanding spoken language**  Able to follow the main points in a class or peer group discussion, to infer information which is not explicit and demonstrate this understanding by giving an appropriate response. | Is not able to follow a class or peer group discussion. |  | 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, * Narrative key question words with signs (who, what, where, when what happened?) * 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. |
| Is not able to respond to questions involving inference and/or prediction e.g. "What will happen if .........?" |  |
| **Using spoken language**   * Should be using complex sentences where past/future tenses and all grammatical concepts are generally accurate by 7 years old. * May still make some errors e.g. irregular past tense or irregular plurals (runned, mouses) * Should be able to give a narrative with logical use of a beginning, middle and end. | Is unable to construct complex sentences which are generally grammatically accurate using varied vocabulary. |  | 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) * Oral to written Black Sheep Narrative |
| Is unable to use irregular plurals (e.g. mice, children) or irregular past tense (e.g. ran, flew) by 7 years old. |  |
| Is unable to construct a logical story using key features such as where, when, who, what happened etc. |  |
| **Speech Sounds**  Refer to ‘Normal Speech Sound Development Guidance’ | Is not secure with sounds expected for 90% of children at their age (please refer to ‘Normal Speech Sound Development Guidance’  Speech 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. |
| **Social Skills**  Should be 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 social skills AND language please refer to Speech and language Therapy by completing referral form.  If concerned about social skills only please refer to Inclusive Education Services via the Single Point of Access (<http://www.northyorks.gov.uk/article/28840/SEND---specialist-support-and-provision-in-North-Yorkshire>  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 social greetings, giving compliments, requesting your turn.   Recommended early intervention   * Lego Therapy * Nurture groups * Socially speaking, LDA |
| Is not able to appropriately use eye contact, turn taking, initiating interactions, staying on topic etc. |  |
| **Stammering**  Connected 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 |
| 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: