**Specialist Children’s Services**

**SPEECH AND LANGUAGE THERAPY REFERRAL GUIDANCE FORM**

Reception – 19 years old

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

**Secondary School (11 to 19 years old)**

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| **Should be able to:** | **Tick all areas of difficulty** | **✓** | **Next steps** |
| **Understanding spoken language**   * Can follow complex directions. * Understands common, simple ‘sayings’ in context. * Understands factual information. Still finds it harder to understand inferred information: * Starting to understand sarcasm when exaggerated: | Cannot follow instructions, e.g. Get the new iPad that’s on the second shelf of the I.T cupboard. |  | 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, * Chunk complex instructions into stages. * Simplify language (point out and explain use of idioms and metaphorical language in your speech). * Pause and give the child time to respond * Discuss ‘why / because’ scenarios in real life situations.   Recommended resources   * Language For Thinking, Brannigan and Parsons, Speechmark Pubs. * Vocabulary Enrichment Programme, Victoria Joffe Speechmark publication * ELKAN, Speech and Language Support for 11 to 16s. * Let’s Focus on Communication in Secondary Schools DVD, HDFT and NYCC * Let’s Focus on Communication in Secondary Schools Resource Pack, HDFT and NYCC * Comic strip conversation * ‘Don’t take it so literally’ pack |
| Cannot understand simple idioms e.g. ‘I couldn’t keep a straight face’. |  |
| *Cannot infer/ implied information. E.g.*  **What is said***:* Getting noisy in here...  **What is implied**: You need to be quiet |  |
| Cannot respond to questions involving inference and/or prediction e.g. "What will happen if .........?" |  |
| Does not understand sarcasm. E.g. ‘You’re such a talented singer...’ |  |
| **Using spoken language**   * Links sentences using a range of more difficult joining words. * Tells interesting, entertaining and original narratives with stories within stories, ensuring the listener understands the thread throughout. * Explains the rules of a game or a sequence of events in a simple but accurate way, giving detail where appropriate. * Average length of spoken sentences = 7 to 13+ words | Doesn’t use joining words to link sentences and ideas. For example, ‘Even though…’. ‘Because…’, ‘So…’, ‘Also…’, ‘Before…’. |  | 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) * Vocabulary enrichment programme Victoria Joffe Speech mark publication * Narrative Intervention Programme Victoria Joffe Speechmark publication * ELKAN, Speech and Language Support for 11 to 16s. * Let’s Focus on Communication in Secondary Schools DVD, HDFT and NYCC * Let’s Focus on Communication in Secondary Schools Resource Pack, HDFT and NYCC |
| Is unable to tell original narrative and does not keep the listener engaged throughout the story. |  |
| Is unable to explain sequences of events, e.g. reporting a science experiment. |  |
| **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, * Revisit activities used in earlier 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**  Uses sophisticated language skills to be successful socially | Is unable to use language to extend social skills and make friends. |  | If concerned about social skills alongside language difficulties refer to Speech and language Therapy by completing referral form.  If concerned specifically about social skills please refer to inclusive education services via the single point of access.  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 conventions, such as giving praise, accepting compliments, requesting your turn etc.   Recommended early intervention   * SEAL * Nurture groups * Socially Speaking Game, LDA |
| Demonstrates difficulty with 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: