Specialist Children's Services

NHS
Harrogate and District
NHS Foundation Trust

SPEECH AND LANGUAGE THERAPY (SaLT) REFERRAL FORM FOR CHILDREN/YOUNG PEOPLE REGISTERED WITH A HAMBLETON & RICHMONDSHIRE OR HARROGATE DISTRICT GP

Please complete relevant sections:

- **Communication ☐ - SECTION A + SECTION B**
- **Feeding and Swallowing ☐ - SECTION A + SECTION C**

Please note the referral may not be accepted if there is insufficient information.

Please call 01423 542490/553122 to request alternative/accessible formats of this form.

SECTION A – GENERAL

Child's name:		**Educational Setting:**	
Child's DOB:		**EHCP – yes/no** **Annual review date:**	
Address:		**SENCo contact:**	
Telephone number:			
Mobile number:		**Languages spoken at home:**	
Email address:		**Length of time exposed to English:**	

Please note: Should your or your child's contact details change before you are contacted by our service, please ensure that your records are updated through your GP and/or inform us by email at hdft.scsadmin@nhs.net. This includes changes to your address, telephone number, or other contact information.

Parent/Carers:

Relationship to child/young person: **Who has parental responsibility?**

Is the child/young person fostered or adopted? (optional) Yes ☐ No ☐ (please specify)

Who lives at home with the child/young person?

Are there any safeguarding concerns? Yes ☐ No ☐ (please specify)

Is the child/young person subject to a Looked After Child review? **Yes ☐** **No ☐ (please specify)**

If yes, please give further details (include social worker/family support worker details):

What concerns do you have regarding your child's speech, language or communication development?

Level of concern:

1 = not at all concerned, 10 = very concerned

Family:	1	2	3	4	5	6	7	8	9	10
Referrer:	1	2	3	4	5	6	7	8	9	10
Child/Young Person:	1	2	3	4	5	6	7	8	9	10

(if not applicable leave blank)

What strategies have already been tried at home or at school to help the child/young person and what impact have they had?

Has your child ever had Speech and Language Therapy before? Yes/ No

Is there a family history of Speech, Language or communication needs? Yes/ No
If yes, please give more details:

Has your child had ear infections in the past? Yes/No

Are you concerned about your child's hearing? Yes/No (if yes please speak with you GP for a referral to audiology)

When was their last hearing test?	

How does your child interact with others? What types of play do they engage in?

Are there any other professionals involved with your family? E.g. Audiology, SEND Hubs, Paediatrician, Educational Psychologist, Physiotherapy, Occupational Therapy, Autism Assessment Team, Early Help, Health Visitor.

CONSENT

The SaLT team work with other healthcare, education, and social care professionals to support children, young people and families. We often share health information and reports with these professionals, with your consent. If you do not wish for this information to be shared, please inform your child's/young person's speech and language therapist.

Please sign below to confirm that you have read and understood the above information, and to consent to a referral to the speech and language therapy team.

Signature of Parent/Carer …… Date……..

Appointments

We currently offer appointments at the following clinics. Please tick the clinic(s) you would be able to attend:

☐ Bedale
☐ Catterick Garrison
☐ Harrogate
☐ Northallerton
☐ Thirsk
☐ Ripon
☐ Soonest appointment at any clinic

Please note you may have a longer wait for an appointment if you wish to attend a specific clinic.

REFERRER INFORMATION

Name of referrer:	Date of Referral:
Relationship to the child:	
Address:	
Email Address	
Contact phone number:	
Signature	

Please email completed referral forms to: hdft.scsadmin@nhs.net

SECTION B: Additional information for communication referral

<table>
<tr><td>What are the child's/young person's main communication difficulties?</td><td>Please describe examples and include any relevant reports e.g. Educational Psychology

Please include information from parents and referrer</td></tr>
<tr><td colspan="2">Milestones (Please complete for all pre-school aged children)
<table>
<tr><td colspan="6">What age did your child reach the following milestones?</td></tr>
<tr><td>Sit</td><td colspan="2"></td><td>Walk</td><td colspan="2"></td></tr>
<tr><td>Say 1st word</td><td colspan="2"></td><td>Put words together</td><td colspan="2"></td></tr>
<tr><td colspan="6">Does your child: (please tick all that apply)</td></tr>
<tr><td>Wave</td><td></td><td>Look at you</td><td></td><td>Point</td><td></td></tr>
<tr><td>Babble</td><td></td><td>Smile</td><td></td><td>Shake their head "no"</td><td></td></tr>
<tr><td>Show you toys/objects</td><td></td><td>Pull you to an object</td><td></td><td>Say single words</td><td></td></tr>
<tr><td>Use a dummy</td><td></td><td>Suck their thumb</td><td></td><td>Put words together</td><td></td></tr>
</table></td></tr>
<tr><td>☐ Attention and Listening</td><td>Please describe your child's attention and listening skills

How do you get the child's attention? (Call name, physical prompt, gesture)</td></tr>
<tr><td>☐ Understanding spoken sentences and verbal instructions</td><td>□ My child has some understanding of familiar routines.
□ My child doesn't follow instructions.
□ My child follows simple instructions e.g. find your shoes.</td></tr>
<tr><td>☐ Expressive Language (forming sentences and grammar)</td><td>□ My child doesn't say any words.
□ My child says single words. If so, how many (approximately) ……..
□ My child puts ___ words together e.g. 2 = Mummy more, 3= juice please mummy.
□ My child puts a short sentence together.

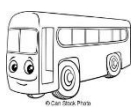
Please give examples of what the child is saying (single words, phrases, requests, repeating what adults say).</td></tr>
</table>

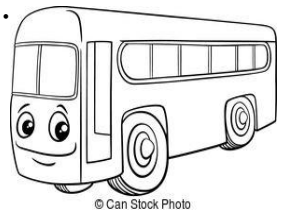
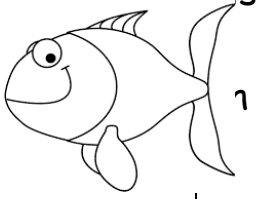
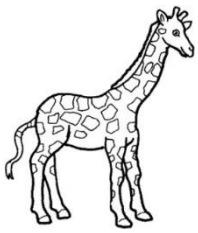
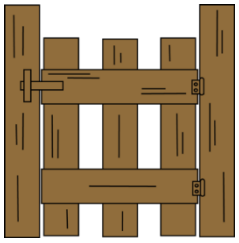
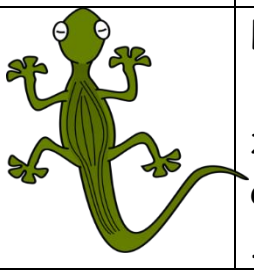
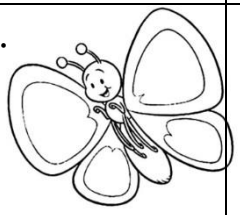
☐ **Vocabulary knowledge and use**	
☐ **Speech sounds/Unclear Speech** Please include speech screen document, we are unable to accept referrals for speech sound concerns without a speech screen.	**Are there any specific speech sounds which your child struggles with?**
☐ **Social Communication**	
☐ **Dysfluency** (Stammering)	**When did your child start to stammer?** **Does anything change the frequency of your child's stammer? *E.g. what makes it harder/easier for them to talk?*** **How aware is your child of their stammer?** □ My child is not aware of their stammer. □ My child is becoming aware of their stammer. □ My child is very aware of their stammer.
☐ **Voice (NB will only consider referral if Ear Nose and Throat have already assessed. A GP can refer to ENT)** ☐ Not speaking at all/hardly at all ☐ Quality unusual (e.g. hoarse, breathy, croaky)	
☐ **Selective/Situational Mutism** (Can speak freely at times, hardly or not at all in other situations)	

SECTION B Continued: Speech Sound Screening Assessment

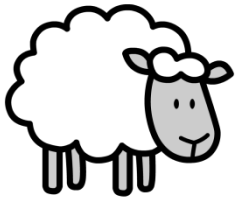
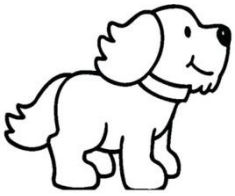
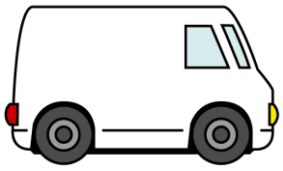
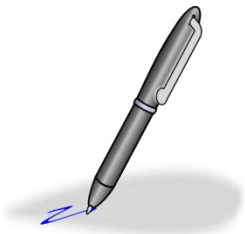
Instructions:

- Ask the child to say each picture (try not to tell them the word first),
- Circle the ✓ or X to show if the child used the target sounds,
- Write down what the child actually said

1 	bus b ✓ X s ✓ X ……bud……

1. 	bus b ✓ X s ✓ X ……	6. 	fish ✓ x ɲ ✓ x ……
2. 	tap t ✓ X p ✓ X ……	7. 	giraffe j ✓ x r ✓ x f ✓ x ……
3. 	sock s ✓ X k ✓ X ……	8. 	watching v ✓ x ch ✓ x ɪg ✓ x ……
4. 	gate g ✓ x t ✓ x ……	9. 	snowman sn ✓ x m ✓ x n ✓ x ……
5. 	lizard l ✓ x z ✓ x d ✓ x ……	10. 	butterfly b ✓ x t ✓ x fl ✓ x ……

SECTION B Continued: Speech Sound Screening Assessment – Additional Pictures

1. 	sheep sh ✓ x p ✓ x ……	7. 	blue bl ✓ x ……
2. 	cat c ✓ X t ✓ X ……	8. 	grapes gr ✓ x ps ✓ x ……
3. 	dog d ✓ x g ✓ x ……	9. 	spider sp ✓ x d ✓ x ……
4 	van v ✓ x n ✓ x ……	10. 	star st ✓ x ……
5. 	pen p ✓ x n ✓ x ……	11. 	scarf sc ✓ x f ✓ x ……
6. 	zebra z ✓ x br ✓ x ……	12. 	slide sl ✓ x d ✓ x ……

SECTION C: Additional information for Feeding and Swallowing referral

Current height:	Current weight:

Please indicate the swallowing or feeding concerns: ***(Please complete with parents/guardians)***

Using the table below please indicate if any of these are true for the infant/child by ticking the relevant boxes:

Frequently coughs / chokes with food and / or drink	☐	Verbally reports difficulty swallowing or "things getting stuck''	☐
Has a history of frequent chest infections	☐	Parental or professional concern about the mechanics of eating or drinking	☐
Shows signs of stress when eating or drinking, e.g. sweating, skin pallor change, eye tearing etc.	☐	Struggling with age appropriate lumpy or mashed food over 9 months of age **with** vomiting or gagging in evidence	☐
Has increased wheezing when breathing, specifically associated with eating / drinking	☐	Has significant food aversion that is preventing development of age appropriate oro-motor skills	☐
Has apnoea or cyanotic attacks associated with eating / drinking	☐	Has nasal regurgitation of food when eating / drinking	☐
Has a 'watery' voice during or after meals	☐	Has significant food/drink refusal in association **with** medical intervention resulting in restricted diet e.g. GOR	☐
Has anatomical/structural complications giving concern re swallow safety.	☐	Significant parental anxiety about feeding or swallowing skills	☐
Reported deterioration in chewing and swallowing skills	☐	Has an identified nutrition concern in addition to any of the above?	☐
Has other muscle/movement problems, e.g. cerebral palsy, muscular dystrophy in association with any of above	☐		
Has difficulty controlling saliva in association with any of the above	☐		
Has struggled to gain weight with any of the above symptoms	☐		
Has required and / or still requires some bolus tube feeds	☐		
Younger premature baby who is not feeding as nurses would expect for his/her gestational age	☐		
Premature baby born with neurological difficulties or a syndrome known to have associated feeding difficulties	☐		
Baby aged 37 weeks and over who is not progressing with bottle feeds	☐		

What specific support would you like from Speech & Language Therapy?

(a) Assessment / Advice / Intervention as appropriate ☐

(b) Support with differential diagnosis ☐

(c) Other (please explain):