



Sussex Community NHS Foundation Trust

SPEECH AND LANGUAGE THERAPY SERVICE EARLY YEARS REFERRAL FORM

Use this form to refer pre-school children over the age of 28 months (2 years 4 months). If the child is younger than this, please discuss your concerns with a member of the HCP (Healthy Child Programme) team.

Do not use this form if your request is for support for eating and drinking.

Child's name:	Date of birth:
Child's address, including postcode:	Telephone number(s):
NHS number (if known):	GP Practice:
Name(s) of parents/carers:	Pre-school:
Parent/carer email address:	

The person filling in this form: Are you...		
The child's parent/carer?	<input type="checkbox"/>	Please continue with the questions on the following pages
From the pre-school setting?*	<input type="checkbox"/>	Please provide your name and contact details below, and continue with the questions on the following pages
A member of the HCP team?	<input type="checkbox"/>	
Other?	<input type="checkbox"/>	
Referrer's name (if not parent):		Referrer's address:
Role/Job title:		email address:
Telephone number:		

*If the child's Pre-school setting is referring, they should also provide a copy of the Speech and Language Monitoring tool with this form.

☐ **Tick here if the Monitoring Tool is attached**

What language(s) are spoken at home?

Is an interpreter needed for the first appointment?
If yes, which language?

☐ yes

☐ no

Reason for requesting a Speech and Language Therapy assessment:

Please describe the main areas of concern and the impact on the child and family.

Are there concerns in any other areas of this child's development?

(eg gross and fine motor skills, sensory, play, sleeping, eating and drinking*, social development, vision, hearing etc)

*if your concern is about eating and drinking, Health Visitors and GPs can refer to the specialist SLT team using the Eating and Drinking referral form.

Other professionals this child is seeing, or waiting to see:

(eg audiology for hearing tests, Child Development Centre, etc)

Is there an Early Help Plan for this child/family?

☐ yes

☐ no

Is there any history in the family of these things?

Speech and language difficulties / DLD (Developmental Language Disorder)? ☐

Dyslexia ☐

Autism or ADHD? ☐

What advice and strategies have been tried so far? What has been helpful?

(eg advice from Health Visitor, Pre-school, internet, Speech and Language Therapist)

Please tell us more about this child's speech and language development. Tick all of the boxes that apply and add any extra information in the spaces provided.		
How does the child tell you things (eg ask for something, tell you about an exciting thing, or tell you that something is wrong?)	<input type="checkbox"/> using words and sentences <input type="checkbox"/> using gestures and signs <input type="checkbox"/> pointing <input type="checkbox"/> sounds and noises <input type="checkbox"/> he/she doesn't try to tell me about these things	
What does he/she like to play with? How does he/she like to play?		
Who does the child play with?	<input type="checkbox"/> Mostly on his/her own <input type="checkbox"/> Seeks out others to play with	
Does the child seem to understand when you talk about things and give instructions?	<input type="checkbox"/> Not yet responding to words <input type="checkbox"/> Responds to his/her name or a familiar word <input type="checkbox"/> Follows everyday instructions (like, 'get your shoes') <input type="checkbox"/> Understands most things	
Approximately how many words can the child say? <i>(include words even if not all of the sounds are correct)</i>	<input type="checkbox"/> No words / fewer than 5 words <input type="checkbox"/> 5-20 words <input type="checkbox"/> Approx 50 words <input type="checkbox"/> More than this	
Can the child join words to make phrases and sentences? <i>Please give examples</i>	<input type="checkbox"/> single words only <input type="checkbox"/> 2 words together <input type="checkbox"/> 3-4 words together <input type="checkbox"/> 4+ words together	
Can parents and other people understand what the child is saying?	<u>Parents:</u> <input type="checkbox"/> Nearly everything <input type="checkbox"/> About half <input type="checkbox"/> Not much	<u>Other people:</u> <input type="checkbox"/> Nearly everything <input type="checkbox"/> About half <input type="checkbox"/> Not much
Does the child have trouble saying particular sounds? <i>If so, please give examples of how he/she says difficult words</i>		
Does the child stammer on words or sounds? <i>If so, please give more information about this</i>		
Does the child's voice sound healthy? <i>If not, please describe how his/her voice sounds</i>		

Parent/carer consent

I give my consent for a referral to the Speech and Language Therapy service and I agree that information about my child may be shared with other agencies when it is in his/her best interest.

Parent/Carer's signature:

Date:

Referrer's signature (required if the parent was not present to sign the consent declaration above):

I confirm that I have been given consent to refer this child by his/her parent/carers. I have explained that information about their child may be shared with other agencies when it is in his/her best interest.

Referrer's signature:

Date:

PARENTS: Please send this form in the post to the address below that is closest to where you live. Please note, if your GP is NOT in West Sussex, your referral may not be accepted. Please speak to your Health Visitor for advice if this affects you.

PRE-SCHOOL SETTINGS: Please send this form in the post, with the Speech and Language Monitoring Tool, to the address below that is closest to the child's address. Please note, if the child's GP is NOT in West Sussex, your referral may not be accepted, although your setting can still request general advice and support through SALSS.

HEALTHY CHILD PROGRAMME: Please send this form to the address below that is closest to the child's address, or fill in the form on SystemOne, and send via the referrals dashboard.

OTHER REFERRERS: Please send this form in the post to the address below that is closest to the child's address. If the child's GP is not in West Sussex, your referral may not be accepted.

Send to your local admin office:

Chichester	Worthing	Mid-Sussex, Crawley and Horsham
Speech and Language Therapy service, Sussex Community NHS Foundation Trust, Bicentennial Building, Terminus Road, Chichester, PO19 8EZ Tel: 01273 696011 ext 5108	Speech and Language Therapy service, Sussex Community NHS Foundation Trust, Unit 5, The Quadrant, c/o Brighton General Hospital, Elm Grove, Brighton, BN2 3EW Tel: 01273 265953	Speech and Language Therapy service, Sussex Community NHS Foundation Trust, Horsham Hospital, Rose Wing, Hurst Road, Horsham, RH12 2DR Tel: 01403 620445