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| **Speech & Language Therapy for Children and Young People****Patient Services**  | **3rd Floor****Regent Point****Regent Farm Road****Newcastle upon Tyne****NE3 3HD** **Tel: 0191 233 6161****www.newcastle-hospitals.nhs.uk** |
| **Tel:** **Email:** | **0191 282 3085****0191 282 3428****nuth.PaediatricSpeechandLanguageTherapy@nhs.net** |

**NHS referral form for children and young people with**

**speech, language and communication difficulties**

**To make a referral and help us offer the most appropriate support, please:**

* Use our Referral Guidelines available [here](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/).
* Complete all questions on this form.
* Complete the required supporting documents (see page 4 below). Include age-related checklist for ALL referrals of children 7 and under.
* If the child/young person attends a school or setting, ask the school/setting to complete the ‘Information from School/setting’ section.
* Email the form to nuth.PaediatricSpeechandLanguageTherapy@nhs.net

**We will return referrals where information is incomplete or which do not meet our referral criteria.**

**Child/young person’s name: Date of Birth:**

**What best describes the child/young person’s gender, e.g. male, female, prefer to describe differently, prefer not to say?**

**NHS number (if known):**

**Address:**

**Postcode: Telephone number of parent/carer:**

**Parents’ / carers’ names: Include address of all parents/carers to whom we will send reports if different from above.**

Title:

Name:

Address:

Title:

Name:

Address:

**Parent’s/carer’s email address:**

**Name of school / setting:**

**School year**

**Is there an Early Help Plan?** [ ]  **Yes / No** [ ]

**Is Social Care involved with the family?** [ ]  **Yes / No** [ ]

**Is this a Child In Care (CIC)?** [ ]  **Yes / No** [ ]

**If a Child In Care, please give the name and address of the person who has parental responsibility:**

**Are there any other professionals or services involved with this child/young person? If yes, please provide details:**

**Home languages:**

**Is an interpreter needed for parents/carers?** [ ]  **Yes / No** [ ]

**If interpreter needed, which language?**

**Is an interpreter needed for the child/young person?** [ ]  **Yes / No** [ ]

**GP practice:**

**Name and address of referrer:**

**Contact number of referrer:**

**Email address of referrer:**

**Profession of referrer:**

**Referral questions**

1. **Do parents/carers have the same concerns as you?**
2. **Main areas of concern (please tick)**

 [ ]  Child/young person’s understanding of spoken language –

* + - Include relevant [age related checklist](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/age-related-checklists/) for children under 7 years old
		- Include [Understanding screen](https://www.newcastle-hospitals.nhs.uk/wp-content/uploads/2023/03/screening-tool-to-check-understanding-1.odt)
		- Please indicate if not including because child unable to complete

 [ ]  Using spoken language (words and sentences)

* + - Include relevant [age related checklist](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/age-related-checklists/) for children under 7 years old
		- If you’d like to include examples of the child’s talking, please do so here:

 [ ]  Social skills and differences in interaction including autism-related aspects

* + - Include relevant [age related checklist](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/age-related-checklists/) for children under 7 years old

 [ ]  Specific concerns about Autism

* + - Include [Observation Checklist](https://www.newcastle-hospitals.nhs.uk/wp-content/uploads/2023/03/Social-communication-and-possible-autism-checklist.docx)

 [ ]  Pronunciation of words (use of speech sounds)

* + - If this is your only concern we will not accept if under 3 years old
		- Include relevant [age related checklist](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/age-related-checklists/) for children under 7 years old
		- Include [Pronunciation checker](https://www.newcastle-hospitals.nhs.uk/wp-content/uploads/2023/03/screening-tool-to-check-pronunciation-of-speech-sounds-over-3-2.odt)

 [ ]  Stammering

**Please summarise your concerns here:**

1. **Do you want a preschool autism assessment from this referral** [ ]  **Yes / No** [ ] (please ensure you have discussed with parent/carer and they have consented to this)
2. **Is the child/young person already on a waiting list for autism assessment?**

[ ]  **Yes / No** [ ]

1. **What advice, support and signposting to other services have you provided already?** (Schools and settings can leave this blank and complete the ‘Information from school/setting’ below)
2. **Tell us about any other diagnoses and/or physical / medical / developmental additional needs, including**

 [ ]  Autism:

 [ ]  Play and development:

 [ ]  Hearing:

 [ ]  Vision:

 [ ]  Hospital involvement:

 [ ]  Learning:

 [ ]  Other:

1. **Is there any family history of speech and language difficulties, ADHD, Autism and/or dyslexia? If so, please give details.**
2. **If this child/young person has English as an additional language, please consult with the parent/carer and tell us:**
	1. Which language does the child understand best?
	2. Which language does the child prefer to use at home?

**Are there any safety concerns we need to be aware of when working with this family?**

**Please add anything else you want to tell us.**

**By signing this referral, I confirm that I have:**

* **Discussed all the information on this form with the parent/carer**
* **Obtained parent/carer consent for speech and language assessment of child/young person**
* **Obtained parent/carer consent for child/young person to go on a waiting list for further support if needed**
* **Obtained parent/carer consent for speech and language therapy information about the child/young person to be added to secure electronic NHS systems**
* **Obtained parent/carer consent for child to be referred for preschool autism assessment if you have requested this**

**Signature of referrer: **

**Date: **

**Please include the following with your referral form:**

[ ]  Information from school / setting (see below)

[ ]  Understanding Screen if you are concerned about child’s understanding

[ ]  Pronunciation checker if you are concerned about pronunciation (over 3’s only)

[ ]  Age related checklist for all referrals of children aged 7 and under

[ ]  ‘Observation checklist – possible autism and social communication’ if you are concerned about autism and/or social communication

[ ]  Any relevant reports and letters (including from school/setting and other professionals)

**Information from school/setting**

**Name and address of**

**school/setting:**

**Contact telephone number:**

**SENCo:**

**Stage of SEND Code of Practice: please tick one and add primary categories of need:**

 [ ]  None

 [ ]  SEND register. What is the primary category of need?

 [ ]  Education, Health and Care Plan requested

 [ ]  Has EHCP

**Are SENDOS Specialist Teachers involved?** [ ]  **Yes / No** [ ]

**If yes, please give their name and specialism (Early Years, Speech and Language or Communication and Interaction):**

**Are any other professionals or services involved? Please include any relevant reports, including the most recent Speech and Language Therapy report if the child has been seen outside of Newcastle.**

**Please comment on the child/young person’s behaviour in school/setting and attendance.**

**If you are not the referrer, please outline any concerns you may have about the child/young person’s speech, language or communication skills.**

**In the school/setting, tell us what support is already in place for this child/young person’s speech, language and communication needs.** Please refer to the Speech, Language and Communication sections of the Universally Available Provision and to our webpages, where you can access a range of support ideas and activities. Our screening tools will help you identify which areas to focus on.

[Speech and language therapy for children and young people - Newcastle Hospitals NHS Foundation Trust (newcastle-hospitals.nhs.uk)](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/)

**Universal, targeted and any other support (box expands)**

What support?

How long has this been in place?

What impact has this support had?

**School/setting information provided by:**

**Name: Date:**

**Role:**

**Please email the completed form to:**

**nuth.PaediatricSpeechandLanguageTherapy@nhs.net**

**Tel: 0191 282 3085/3428**

**The most current version of this referral form can be found at** [**here**](https://www.newcastle-hospitals.nhs.uk/services/speech-and-language-therapy/childrens-speech-and-language-therapy/referral-guidelines/)**.**