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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**](mailto: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](mailto: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**](mailto: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/)**.**