



**SPEECH & LANGUAGE THERAPY**  
**REFERRAL FORM**

<b><u>Child's details</u></b>	
Name:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of Birth:	
Address:	
Telephone Numbers: (Home)	(Mobile):
Name of parents/guardians:	
GP:	Practice:

<b><u>School/ College</u></b>	SENCO
Year Group:	
Progress at School (e.g. curriculum levels):	
Relevant History - Has an additional need been identified (e.g. Autism, Dyslexia etc)	
Has this child been known to the Speech and Language Therapy Service before?	
Other agencies involved? Please specify e.g. educational psychology, CASS, social work etc.	

When did you first become concerned about this child?
Who is most concerned?

### Speech, Language and Communication:

What areas are you most concerned about? Tick which boxes apply.

<b>Understanding of Language</b> (e.g. the child has difficulties following verbal instructions in the classroom, difficulties understanding conversations, needs instructions to be repeated, limited word knowledge etc.)	
<b>Expressive Language</b> (e.g. the child has difficulty remembering words, difficulties with putting words together in sentences, difficulties with describing or retelling stories or events, reluctant communicator)	
<b>Stammering</b> (e.g. the child has dysfluent speech, repeats sounds or parts of words, stretched out words, gets stuck where no sound comes out at all etc.)	
<b>Voice</b> (e.g. the child has a persistent /husky voice, has periods of no voice, has nasal speech quality).	
<b>Social Skills</b> (e.g. the child has difficulties interacting with peers, difficulties with developing and maintaining friendships, difficulties understanding other's emotions, difficulties initiating and maintaining friendships etc.)	

Description of Problem:
What has been tried in school to help?
Please add any additional information that you may feel is important.

Referred by:	Designation:
Signed:	Date:
<b>IT IS ESSENTIAL TO OBTAIN PARENTAL PERMISSION BEFORE A REFERRAL IS MADE</b>	
I agree to this referral for assessment and am aware that parental support is essential for effective intervention	
Parental consent received: YES <input type="checkbox"/> NO <input type="checkbox"/> Young person's consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Young person's signature	Date: