

Appendix 2 Request for Involvement Form for CYP SaLT

Children's Speech and Language Therapy Request for Involvement Form

Please refer to the Communication Trust Checklist before completing all fields on this form. This can be found at: www.thecommunicationtrust.org.uk/media/363853/us_checklist_new.pdf

If appropriate, the attached screening tools can be used.

Child's Full Name:		Date of Birth:	Today's Date
NHS Number:		Age: y m	Gender: M / F
Address with Postcode:			
Telephone:		Mobile:	
Email:		Consent to contact via email Y / N	
Ethnicity:	Religion:	Language:	Interpreter needed: Y/N
Main carer: Relationship with child:		Other carers with parental responsibility: Address if different:	
GP Surgery:		Health Visitor:	
Other relevant information (cultural, social, home situation)			
Parental Consent for SLT referral: Yes <input type="checkbox"/> Signature of parent/carers			
Education/Nursery Setting:		School Year:	
<input type="checkbox"/> Mainstream School <input type="checkbox"/> Pre-school/Nursery <input type="checkbox"/> Special School <input type="checkbox"/> Independent <input type="checkbox"/>			
Is child making educational progress as expected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no please specify:			
EHCP: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inclusion coordinator/Senco name:		Contact details:	
Diagnosis or primary area of difficulty:			
Other professionals involved	Please tick and state their name, if known. Please attached any relevant reports		
Health Visitor (HV)	<input type="checkbox"/>		
SEND Specialist Service (EP, Specialist Teacher)	<input type="checkbox"/>		
Occupational Therapist (OT)	<input type="checkbox"/>		
Physiotherapist (PT)	<input type="checkbox"/>		
Paediatrician	<input type="checkbox"/>		
Teacher of the Deaf (TOD)	<input type="checkbox"/>		

Visual Impairment Teacher	<input type="checkbox"/>	
Describe how the child or young person presents using the headings below.		
Description of Concern(s)	Please rate your level of concern on a scale of 1 – 5 (0 = no concern, 5 = high)	
Speech (making sounds and using them in words)	0 1 2 3 4 5	
Receptive Language (understanding spoken language)	0 1 2 3 4 5	
Expressive Language (using words and sentences)	0 1 2 3 4 5	
Play and social interaction (with peers and adults)	0 1 2 3 4 5	
Eating and Drinking (swallowing difficulties)	0 1 2 3 4 5	
Stammering	0 1 2 3 4 5	
Please describe and provide evidence of interventions that are currently being implemented. (We are not able to provide involvement if there is no evidence to demonstrate strategies or interventions that are currently in place).		
How long has the support been in place and what was the <u>outcome</u> of this or any previous intervention?		
If previously seen by Speech and Language Therapy, when was the last contact? <i>Please attach any relevant reports.</i>		

Parent's level of concern about the issue for which referral is being made:			
High	Moderate	Low	
Additional views of parent / different areas of concern that they identify:			
What are the child's views (if they are able to communicate this):			
What are you expecting from our involvement? (This could be advice or a specific package of care)			
What is the desired outcome from an SLT assessment or intervention?			
Safety Are there any safety issues/ risks for the child or others (arising from child's needs)? Please specify:			
Referrer details			
Name:		Job Role:	
Address:		Telephone:	
Email:			

Do parents/carers consent to share this information with other professionals from health and education? ☐ **Yes** ☐ **No**

Please return this form, with any available reports, to your link therapist for discussion at an agreed planning meeting. This can be face-to-face or on the telephone.

Name of Link Therapist:

Date discussed:

To be completed by the speech and language therapist in collaboration with the referrer

Pathway	Comments and agreed next steps
Speech	<input type="checkbox"/>
Language	<input type="checkbox"/>
Social Communication	<input type="checkbox"/>
Voice	<input type="checkbox"/>
Fluency	<input type="checkbox"/>
Eating/drinking	<input type="checkbox"/>