**ADDITIONAL INFORMATION TO BE COMPLETED FOR REQUESTS FOR SPEECH AND LANGUAGE THERAPY ASSESSMENT:**

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| --- | --- | --- |
| Child’s Name: | Date of birth: | NHS number: |
| **Please indicate the difficulties the child is facing: *(Please complete with parents/guardians)******Please refer to the referral information document for information*****Using the table below please indicate if any of these are true for the child by ticking ✓ the relevant boxes.** ***Please take into account the child’s developmental level:***

|  |  |  |  |
| --- | --- | --- | --- |
| **SPEECH**  |  | **USING SPOKEN LANGUAGE** |  |
| Has limited consonant sounds when speaking |  | Uses only single words when more would be expected |  |
| Uses speech sounds that seem incorrect for age. Speech may sound immature or be unintelligible  |  | Uses limited two - three word phrases when longer phrases expected |  |
| Has a range of speech sounds, but these are not produced clearly, e.g. speech may be ‘slushy’. |  | Uses phrases but omits or uses incorrect grammatical elements e.g. plurals, verb tense endings, pronouns. Language sounds immature.  |  |
| Has difficulty making him/herself understood. |  | May have ‘muddled’ phrases, with unusual word order. |  |
| Becomes frustrated when trying to express him/herself using speech. |  | Becomes frustrated when he/she cannot get their message across.  |  |
| Has a croaky or husky voice |  | May have restricted vocabulary for age or use incorrect or unusual words |  |
| The child’s speech is dysfluent (possibly a stammer), e.g. may repeat sounds, words or part phrases |  | In the case of the child learning two or more languages; are there difficulties in the development of both/all? |  |
| Speech sounds ‘nasal’ and/or child overuses ‘m’ ‘n’ or ‘uh’ |  |  |  |
| **UNDERSTANDING SPOKEN LANGUAGE** |  | **COMMUNICATION AND INTERACTION** |  |
| Miscomprehends what is said, gets muddled, does not understand spoken language as expected (this is as regards verbal, not written language comprehension difficulties) |  | Has spoken language, but has difficulty conversing in the usually expected ways. |  |
| Needs additional clues e.g. pictures/gestures to follow instructions |  | Quality or quantity of interaction is affected, e.g. may prefer solitary activities |  |
| Acts on instructions only when sees peers already responding i.e. has to use information from environment to understand |  | Needs or uses alternative methods of communication to spoken language |  |
| Responds to part of an instruction, but not all. |  | May not use gesture or pointing to help get message across |  |
| Does not seem to be able to answer ‘why’ questions and/or is unable to reason and deduce information |  | Child appears fearful of speaking and/or communicating, particularly with adults.(see SLT information initially, regarding adaptive practice for this issue) |  |
| Is unable to comprehend less literal language and implied meaning (when 6+ years old) |  |  |  |

**Please ensure the child has had a recent hearing test and enclose the results.*** **Please describe any other difficulties not listed above:**
* **Please describe any coping strategies the child/family/school already have in place:**
* **Please describe how these difficulties are affecting the child’s daily life:**
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| Please make sure all parts of the form are completed. This form must be accompanied by the Integrated Children’s Therapy referral form.**Decisions regarding the acceptance of referrals are based on the information supplied.** |