Date:

**Name:**

**Date of Birth:**

**NHS number:**

**School or Setting**

Please return the attached form to Children’s Speech and Language Therapy.

**Address:** Children’s Speech and Language Therapy, The Lodge, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD

**Email:** [barnsley.speechtherapy@swyt.nhs.uk](mailto:barnsley.speechtherapy@swyt.nhs.uk)

**Please return to the address above within 3 weeks of receipt.**

**Consent Form**

**Name:**

**Date of Birth:**

**School/Setting:**

I give permission for my child’s educational records to be given to The Children’s Speech and Language Therapy Service, South West Yorkshire Partnership NHS Foundation Trust

I understand that they will use these to help assess my child’s speech and language.

**Signed** ……………………………………………………….. (Parent/Legal Guardian)

**Date:** ………………………………………………………….

**(School/setting - keep this for your own records)**

**speech, language, communication and education progress information provided by school/setting**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | | | | | |
| Date of Birth |  | | NHS Number |  | | |
| School |  | | Year group |  | | |
| Name of Special Needs Coordinator: | | ……………………………………………………………. | | | | |
| Email address of Special Needs Coordinator: | | ……………………………………………………………. | | | | |
| Name of Class Teacher/ Tutor: | | ……………………………………………………………. | | | | |
| Email address of Class Teacher | | ……………………………………………………………. | | | | |
| Is the child registered on SEN support | | | | | Yes 🞏 | No 🞏 |
| Is the child undergoing EHCP Assessment. | | | | | Yes 🞏 | No 🞏 |
| Does the child have a Statement of Special Educational Needs or EHCP Plan  If yes what band/range does the child have? …………………… | | | | | Yes 🞏 | No 🞏 |
| What concerns do you have about this child’s speech and language skills? | | | | | | |
|  | | | | | | |
| What impact do their speech and language difficulties have on their learning and development? | | | | | | |
|  | | | | | | |

**Early Years Foundation Stage Levels (please give developmental levels)**

|  |  |  |  |
| --- | --- | --- | --- |
| Personal, social and emotional development | |  | |
| Communication and language | |  | |
| Literacy | |  | |
| Mathematics | |  | |
| Knowledge and understanding of the world | |  | |
| Physical development | |  | |
| Expressive Arts and Design | |  | |
| **Early years Foundation Stage Profile Levels (Please give point score)** | | | |
| **Personal, social and emotional** | Making relationships | |  |
| Self-confidence and self-awareness | |  |
| Managing feelings and behaviour | |  |
| **Communication and language** | Listening and attention | |  |
| Understanding | |  |
| Speaking | |  |
| **Mathematics** | Numbers | |  |
| Shape, space and measure | |  |
| **Knowledge and understanding**  **of the world** | People and communities | |  |
| The world | |  |
| Technology | |  |
| **Physical development** | Moving and handling | |  |
| Health and self-care | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expressive Arts and Design** | | Exploring and using media materials |  | | |
| Being Imaginative |  | | |
| **Literacy** | | Reading |  | | |
| Writing |  | | |
| **National Curriculum/ Performance Levels (teacher assessment or test results)** | | | | | |
| Speaking/Listening |  | | | | |
| Reading |  | | | | |
| Writing |  | | | | |
| Numeracy |  | | | | |
|  | | | | | |
| **Do you feel that this child has generalised learning difficulties or are they specific to speech and language?** | | | | | |
|  | | | | | |
| The child may need support in school. Could you provide a named person who could work with the child for 4 x 20 minutes per week? | | | | Yes 🞏 | No 🞏 |

Please enclose Educational Psychologist report if available.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Designation: |  |
| Date: | | | |