**Children’s Speech and Language Therapy Checklist & Referral Form**

**How to complete:**

* Look at the table below.
* Go to the relevant section.
  + The text in blue provides you with information to see if the referral is needed.
  + If you agree with any statement written in black, check or tick the box.  A referral is needed.  Complete patient information in section 8
  + The text in green indicates a referral to audiology is **also** required. You can refer by telephoning 01226 644803 or 01226 644804.
* **Delete any irrelevant pages.**
* Pass on details of our YouTube Channel and Resources toolkit which have lots of information and advice about supporting speech, language and communication development.
  + **Website:** [Barnsley CSLT Toolkit Resources Archive - South West Yorkshire Partnership NHS Foundation Trust](https://www.southwestyorkshire.nhs.uk/cslt-resources/)
  + **Youtube:** <https://www.youtube.com/c/Barnsleyspeechandlanguagetherapy>

**Whilst the child is waiting for an appointment, if there are any changes to the information on the referral form, please contact us.**

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| Up to 12 months | Section 1 |  |
| 1 – 2 years | Section 2 |  |
| 2 – 3 years | Section 3 |  |
| 3 – 4 years | Section 4 |  |
| 4 – 5 years | Section 5 |  |
| 5 years and over | Section 6 |  |
| Eating and Drinking Difficulties | Section 7 |  |
| Patient Information | Section 8 |  |

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| **Section 1:**  **Up to 12 months** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| The child has Down Syndrome and needs advice for feeding and communication, speech and/or language (refer at 4 months).  **Refer to audiology.** |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |

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| **Section 2:**  **1 – 2 years** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |
| *All children should be producing speech-like babble before their first birthday for example ‘ba ba’ ‘de de de’ ‘ma de da’.*  ***If the child is not babbling, this needs a referral.***  The child is not babbling.  **Refer to audiology.** |  |
| *Children communicate in a wide variety of ways for example:*   * *natural gestures* * *vocalising* * *turning towards or away from objects/people* * *using simple sounds or body movements (cry, vocalising, smiling, becoming still, tensing or relaxing their body)* * *turning towards something in anticipation e.g. look towards their bottle / food when they see it coming* * *responding with sounds, movements or early words when someone talks to them or tries to get their attention by coughing or clapping.*   *If the child is communicating like this, a referral is not needed.*  ***If the child is not attempting any communication, this needs a referral.***  The child does not attempt to communicate.  **Refer to audiology.** |  |
| ***If you have not ticked any reasons for referral, but still have concerns, check the reasons for referral for younger ages and tick any that are appropriate.*** | |

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| **Section 3:**  **2 – 3 years** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| *Stammering is the same as stuttering. Stammering is a way of talking caused by subtle neurological differences. It is not caused by nervousness or lack of confidence.*  *The person may:*   * *feel stuck or a loss of control.*   *You may hear the person:*   * *repeating words or sounds e.g. “I I I I want…” or “d d d dog”* * *stretching out sounds e.g. “sssssssausage”* * *getting stuck and no sound coming out*   *They may also:*   * *run out of breath, show tension or move their face or body.* * *have negative thoughts/feelings/behaviours due to stammering which impact on daily life.* * *feel the need to hide their stammer from others which can impact on wellbeing.* * *stammer more at some times than at others. Stammering is variable.*   *There is no ‘cure’ for stammering. Stammering is how some people talk. We provide therapy to support and empower children and young people to communicate to their full potential and say what they want to say, when they want to say it.*  *Our website* [***www.barnsleyspeechtherapy.co.uk***](http://www.barnsleyspeechtherapy.co.uk)*gives advice about stammering for parents and professionals.*  *Advise the parent/guardian to download the ‘Penguin: Stammering Support’ app to complete the daily activities over 10 days.*    *The child is stammering.* |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |

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| *Young children initially begin to understand words only when they are part of familiar routines. For example, they understand the words ‘find your cup’ if they can see a clue, such as someone holding up a bottle of juice. They wouldn’t understand the same words if the clue wasn’t there. Children need these kinds of contextual clues at first. If a child understands simple directions with clues, this does not need a referral.*  ***If a child is having difficulty understanding simple directions even when clues are there, this needs a referral.***  The child has difficulty following simple directions even when there are contextual clues.  **Refer to audiology.** |  |
| The child’s language development has stalled, or they are saying less than they used to.  **Refer to audiology.** |  |
| The child is using no words.  **Refer to audiology.** |  |
| *Children communicate in a wide variety of ways for example:*   * *natural gestures* * *signing* * *vocalising* * *turning towards or away from objects/people* * *using simple sounds or body movements (cry, vocalising, smiling, becoming still, tensing or relaxing their body)* * *turning towards something in anticipation e.g. food when they see it coming* * *responding with sounds, movements or early words when someone talks to them or tries to get their attention by coughing or clapping*   *If the child is communicating like this, a referral is not needed.*  ***If the child is making little attempt to communicate, this needs a referral.***  The child makes little attempt to communicate or has minimal reaction when someone speaks to them.  **Refer to audiology.** |  |
| ***If you have not ticked any reasons for referral, but still have concerns, check the reasons for referral for younger ages and tick any that are appropriate.*** | |

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| **Section 4:**  **3 – 4 years** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| *Stammering is the same as stuttering. Stammering is a way of talking caused by subtle neurological differences. It is not caused by nervousness or lack of confidence.*  *The person may:*   * *feel stuck or a loss of control.*   *You may hear the person:*   * *repeating words or sounds e.g. “I I I I want…” or “d d d dog”* * *stretching out sounds e.g. “sssssssausage”* * *getting stuck and no sound coming out*   *They may also:*   * *run out of breath, show tension or move their face or body.* * *have negative thoughts/feelings/behaviours due to stammering which impact on daily life.* * *feel the need to hide their stammer from others which can impact on wellbeing.* * *stammer more at some times than at others. Stammering is variable.*   *There is no ‘cure’ for stammering. Stammering is how some people talk. We provide therapy to support and empower children and young people to communicate to their full potential and say what they want to say, when they want to say it.*  *Our website* [***www.barnsleyspeechtherapy.co.uk***](http://www.barnsleyspeechtherapy.co.uk)*gives advice about stammering for parents and professionals.*  *Advise the parent/guardian to download the ‘Penguin: Stammering Support’ app to complete the daily activities over 10 days.*    *The child is stammering.* |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |

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| *A glottal stop is the sound ‘uh’ which you can hear in the phrase ‘uh oh’. Some speakers use a glottal stop as part of their accent e.g. rather than ‘butter’ they might say ‘bu-uh’. This is just a natural variation in accent. This does not need a referral.*  The child uses glottal stops to replace sounds not typically heard in their accent or only uses the consonants m, n, g or glottal stops.  **Refer to audiology.** |  |
| The child uses k and g for other consonants e.g. door sounds like ‘goor’ sun sounds like ‘gun’, shoe sounds like ‘goo’, too sounds like ‘coo’.  **Refer to audiology.** |  |
| *Many words in English either start with a single consonant (e.g. key) or a consonant cluster like ‘sp’, ‘str’, ‘sl’ e.g. spin, string, slow. It is typical for children at this age to miss off part of the cluster e.g saying ‘pin’ rather than ‘spin’, ‘ting’ rather than string or ‘low’ rather than slow. This does not need a referral.*  ***It is not typical for a child to miss the whole consonant cluster from the beginning of a word e.g. saying ‘in’ rather than spin, ‘ing’’ rather than string, ‘ow’ rather than slow or for a child to miss the single consonant from the beginning of a word e.g. ‘at’ rather than pat. This needs a referral.***  The child misses off whole clusters from the beginning of words or single consonants from the beginning of words.  **Refer to audiology.** |  |
| *Vowel use varies depending on accent. In addition, children occasionally substitute one vowel sound for another. A common substitution is saying ‘a’ instead of ‘e’ for example the child says ‘bad’ rather than bed. If a child is using vowels in a way typical of their accent or only substituting one or two vowels, this does not need a referral.*  ***At 3 years or older, if a child is substituting lots of vowel sounds for example the child says ‘eye’ (i) rather than ‘oh’ (o), e.g. ‘guy’ instead of go or ‘ah’ instead of ‘air, e.g. ‘char’ instead of chair, or uses vowels not typically used in their accent, this needs a referral.***  The child is substituting lots of vowel sounds or using vowels not typically used in their accent.  **Refer to audiology.** |  |
| At 3 years 6 months or older the child is missing the final consonant from **nearly all words**. For example cup is ‘cu’, boat is ‘boa’ and make is ‘may’.  **Refer to audiology.** |  |
| At 3 years 6 months or older, the **majority** of the child’s  speech cannot be understood by people who look after them most often as many sounds are substituted or missed out.  **Refer to audiology.** |  |
| The child is only using 1 or 2 words together e.g. ‘ball’, ‘ball gone’ |  |

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| *Young children initially begin to understand words only when they are part of familiar routines. For example, they understand the words ‘find your cup’ if they can see a clue, such as someone holding up a bottle of juice. They wouldn’t understand the same words if the clue wasn’t there. Children need these kinds of contextual clues at first. If a child understands simple directions with clues, this does not need a referral.*  ***If a child is having difficulty understanding simple directions even when clues are there, this needs a referral.***  The child has difficulty following simple directions even when there are contextual clues.  **Refer to audiology.** |  |
| The child’s language development has stalled, or they are saying less than they used to.  **Refer to audiology.** |  |
| *Echolalia is when a person repeats what someone else has said or something they have heard, for example on television or on a film. It is a normal part of language development but usually stops around 3 years old. This does not need a referral.*  ***If the child is using Echolalia for the majority of their communication and it is a direct copy of phrases or sentences other people say, for example from TV or YouTube, this needs a referral.***  The child uses some sentences and phrases but the majority are a direct copy of things that other people say or from tv programmes, YouTube etc. |  |
| ***If you have not ticked any reasons for referral, but still have concerns, check the reasons for referral for younger ages and tick any that are appropriate.*** | |

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| **Section 5:**  **4 – 5 years** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| *Stammering is the same as stuttering. Stammering is a way of talking caused by subtle neurological differences. It is not caused by nervousness or lack of confidence.*  *The person may:*   * *feel stuck or a loss of control.*   *You may hear the person:*   * *repeating words or sounds e.g. “I I I I want…” or “d d d dog”* * *stretching out sounds e.g. “sssssssausage”* * *getting stuck and no sound coming out*   *They may also:*   * *run out of breath, show tension or move their face or body.* * *have negative thoughts/feelings/behaviours due to stammering which impact on daily life.* * *feel the need to hide their stammer from others which can impact on wellbeing.* * *stammer more at some times than at others. Stammering is variable.*   *There is no ‘cure’ for stammering. Stammering is how some people talk. We provide therapy to support and empower children and young people to communicate to their full potential and say what they want to say, when they want to say it.*  *Our website* [***www.barnsleyspeechtherapy.co.uk***](http://www.barnsleyspeechtherapy.co.uk)*gives advice about stammering for parents and professionals.*  *Advise the parent/guardian to download the ‘Penguin: Stammering Support’ app to complete the daily activities over 10 days.*    *The child is stammering.* |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |

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| *A glottal stop is the sound ‘uh’ which you can hear in the phrase ‘uh oh’. Some speakers use a glottal stop as part of their accent e.g. rather than ‘butter’ they might say ‘bu-uh’. This is just a natural variation in accent. This does not need a referral.*  The child uses glottal stops to replace sounds not typically heard in their accent or only uses the consonants m, n, g or glottal stops.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| The child uses k and g for other consonants e.g. door sounds like ‘goor’ sun sounds like ‘gun’, shoe sounds like ‘goo’, too sounds like ‘coo’.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| *Many words in English either start with a single consonant (e.g. key) or a consonant cluster like ‘sp’, ‘str’, ‘sl’ e.g. spin, string, slow. It is typical for children at this age to miss off part of the cluster e.g saying ‘pin’ rather than ‘spin’, ‘ting’ rather than string or ‘low’ rather than slow. This does not need a referral.*  ***It is not typical for a child to miss the whole consonant cluster from the beginning of a word e.g. saying ‘in’ rather than spin, ‘ing’’ rather than string, ‘ow’ rather than slow or for a child to miss the single consonant from the beginning of a word e.g. ‘at’ rather than pat. This needs a referral.***  The child misses off whole clusters from the beginning of words or single consonants from the beginning of words.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| *Vowel use varies depending on accent. In addition, children occasionally substitute one vowel sound for another. A common substitution is saying ‘a’ instead of ‘e’ for example the child says ‘bad’ rather than bed. If a child is using vowels in a way typical of their accent or only substituting one or two vowels, this does not need a referral.*  ***At 3 years or older, if a child is substituting lots of vowel sounds for example the child says ‘eye’ (i) rather than ‘oh’ (o), e.g. ‘guy’ instead of go or ‘ah’ instead of ‘air, e.g. ‘char’ instead of chair, or uses vowels not typically used in their accent, this needs a referral.***  The child is substituting lots of vowel sounds or using vowels not typically used in their accent.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| At 3 years 6 months or older the child is missing the final consonant from **nearly all words**. For example, cup is ‘cu’, boat is ‘boa’ and make is ‘may’.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| **Only about half** of the child’s speech can be understood by people who look after them most often and/or strangers cannot understand **most** of what the child says.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |

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| The child is only using 1, 2 or 3 words together e.g. ‘ball’, ‘ball gone’, ‘ball gone now’ |  |
| *Children’s spoken grammar can have immature features into teenage years. At 5 years, examples might include saying ‘sleeped’ rather than slept, saying ‘me’ rather than I. This is part of normal language development. This does not need a referral.*  The child does not use grammar in a way that is typical for their age e.g. problems with word order and sequencing ideas and it interferes with their everyday communication. |  |
| The child frequently has difficulty finding words so that it interferes with their everyday communication (tip of the tongue experience). |  |
| The child does not understand spoken instructions in a way that is typical for their age, when other skills are developing appropriately. |  |
| *Echolalia is when a person repeats what someone else has said or something they have heard, for example on television or on a film. It is a normal part of language development but usually stops around 3 years old. This does not need a referral.*  ***If the child is using Echolalia for the majority of their communication and it is a direct copy of phrases or sentences other people say, for example from TV or YouTube, this needs a referral.***  The child uses some sentences and phrases but the majority are a direct copy of things that other people say or from tv programmes, YouTube etc. |  |
| ***If you have not ticked any reasons for referral, but still have concerns, check the reasons for referral for younger ages and tick any that are appropriate.*** | |

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| **Section 6:**  **5 years and older** | |
| The child has been seen before and the Speech and Language Therapist recommended a further referral. **DO NOT USE FOR EATING AND DRINKING.** |  |
| The child has had surgical intervention and requires time sensitive access to speech and language therapy. |  |
| The child has a life limiting/neuro degenerative condition affecting speech, language and communication e.g. Rett Syndrome and advice is needed. |  |
| The child has a **newly acquired** brain injury condition affecting speech, language and communication and advice is needed.  **Date the brain injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| The child has difficulty with eating, drinking and/or swallowing including food and/or drink coming down their nose. **Complete section 7.** |  |
| *Stammering is the same as stuttering. Stammering is a way of talking caused by subtle neurological differences. It is not caused by nervousness or lack of confidence.*  *The person may:*   * *feel stuck or a loss of control.*   *You may hear the person:*   * *repeating words or sounds e.g. “I I I I want…” or “d d d dog”* * *stretching out sounds e.g. “sssssssausage”* * *getting stuck and no sound coming out*   *They may also:*   * *run out of breath, show tension or move their face or body.* * *have negative thoughts/feelings/behaviours due to stammering which impact on daily life.* * *feel the need to hide their stammer from others which can impact on wellbeing.* * *stammer more at some times than at others. Stammering is variable.*   *There is no ‘cure’ for stammering. Stammering is how some people talk. We provide therapy to support and empower children and young people to communicate to their full potential and say what they want to say, when they want to say it.*  *Our website* [***www.barnsleyspeechtherapy.co.uk***](http://www.barnsleyspeechtherapy.co.uk)*gives advice about stammering for parents and professionals.*  *Advise the parent/guardian to download the ‘Penguin: Stammering Support’ app to complete the daily activities over 10 days.*      *The child is stammering.* |  |
| *If this referral is about a child with a cleft lip and palate contact Children’s Speech and Language Therapy on 01226 644331.*  The child has a cleft lip or palate, and the service has confirmed a referral is needed. |  |

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| *A glottal stop is the sound ‘uh’ which you can hear in the phrase ‘uh oh’. Some speakers use a glottal stop as part of their accent e.g. rather than ‘butter’ they might say ‘bu-uh’. This is just a natural variation in accent. This does not need a referral.*  The child uses glottal stops to replace sounds not typically heard in their accent or only uses the consonants m, n, g or glottal stops.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| The child uses k and g for other consonants e.g. door sounds like ‘goor’ sun sounds like ‘gun’, shoe sounds like ‘goo’, too sounds like ‘coo’.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| *Many words in English either start with a single consonant (e.g. key) or a consonant cluster like ‘sp’, ‘str’, ‘sl’ e.g. spin, string, slow. It is typical for children at this age to miss off part of the cluster e.g saying ‘pin’ rather than ‘spin’, ‘ting’ rather than string or ‘low’ rather than slow. This does not need a referral.*  ***It is not typical for a child to miss the whole consonant cluster from the beginning of a word e.g. saying ‘in’ rather than spin, ‘ing’’ rather than string, ‘ow’ rather than slow or for a child to miss the single consonant from the beginning of a word e.g. ‘at’ rather than pat. This needs a referral.***  The child misses off whole clusters from the beginning of words or single consonants from the beginning of words.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| *Vowel use varies depending on accent. In addition, children occasionally substitute one vowel sound for another. A common substitution is saying ‘a’ instead of ‘e’ for example the child says ‘bad’ rather than bed. If a child is using vowels in a way typical of their accent or only substituting one or two vowels, this does not need a referral.*  ***At 3 years or older, if a child is substituting lots of vowel sounds for example the child says ‘eye’ (i) rather than ‘oh’ (o), e.g. ‘guy’ instead of go or ‘ah’ instead of ‘air, e.g. ‘char’ instead of chair, or uses vowels not typically used in their accent, this needs a referral.***  The child is substituting lots of vowel sounds or using vowels not typically used in their accent.  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| The child is 7 years or older and s-clusters are reduced e.g.  sp is said as ‘p’; spider sounds like ‘pider’  sm is said as ‘m’; smoke sounds like ‘moke’  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |

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| The child is 7 years or older and makes any of the following substitutions:  sh said as “t” or “s”; shoe sounds like ‘sue’ and share sounds like ‘tare’  ch said as “t”, “s” or “sh”; chair sounds like ‘tare’ or ‘share’ or ‘sare’  j said as “d”, “z”; jelly sounds like ‘delly’ or ‘zelly’  y said as “w” or “l”; yellow sounds like ‘wellow’ or lellow’  l said as “y” or “w”; letter sounds ‘yetter’ or ‘wetter’  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| The child is 8 years or older and l-clusters and/or r-clusters are reduced e.g.  pl said as “p” or “l”; plate sounds like ‘pate’ or ‘late’  tr said as “t”; train sounds like ‘tain’  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| The child is over 8 years old and has a lisp that parent/carer and/or the childwould like to discuss.  (We are only likely to offer direct speech work if the child is concerned about their speech.)  **If the child has not been seen for a school Hearing Screening test in the last 12 months refer to audiology.** |  |
| *Children’s spoken grammar can have immature features into teenage years. At 6 years, examples might include saying ‘sleeped’ rather than slept. This is part of normal language development. This does not need a referral.*  The child does not use grammar in a way that is typical for their age e.g. problems with word order and sequencing ideas and it interferes with their everyday communication. |  |
| The child frequently has difficulty finding words so that it interferes with their everyday communication (tip of the tongue experience). |  |
| The child has marked difficulty in following or remembering spoken instructions, answering questions and/or following complex directions in a way not typical for their age. |  |
| *Echolalia is when a person repeats what someone else has said or something they have heard, for example on television or on a film. It is a normal part of language development but usually stops around 3 years old. This does not need a referral.*  ***If the child is using Echolalia for the majority of their communication and it is a direct copy of phrases or sentences other people say, for example from TV or YouTube, this needs a referral.***  The child uses some sentences and phrases but the majority are a direct copy of things that other people say or from tv programmes, YouTube etc. |  |
| ***If you have not ticked any reasons for referral, but still have concerns, check the reasons for referral for younger ages and tick any that are appropriate.*** | |

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| **Section 7:**  **Eating / Drinking Difficulties** | |
| As general advice we recommend that referrers tell parent/carers to:   * **Seek emergency help (call 999) in the event of choking** * **Attend Accident and Emergency if they are very worried about chest infections, dehydration and/or weight loss** * Make a GP appointment for concerns about chest infections, dehydration and/or weight loss * Check there is no residual food left in their child’s mouth after eating * Avoid offering any foods or drinks that they know cause the child to choke until the child is assessed by the Speech and Language Therapy team. * Download the ‘Baby and Child First Aid’ App by British Red Cross * Look at the eating and drinking advice on our website [www.barnsleyspeechtherapy.co.uk](http://www.barnsleyspeechtherapy.co.uk) * If your child has previous relevant advice from another Speech and Language Therapy team or a previous episode of care with our team, please follow this advice until we have carried out a new assessment.   We onlyaccept referrals from medical professionals and the Senior Leadership Team at Greenacre School (for Greenacre pupils).  Medical professionals include:   * Health Visitors * Nurses * General Practitioners * Consultants * Dietitians * Physiotherapists * Occupational Therapists * Speech and Language Therapists | |
| **Important – Please Read**  **Do not refer for any of the following:**   * The child is **under 12 months,** with no medical conditions, eats solids but sometimes gags on finger foods or foods with lumps. * The child is **under 12 months,** has no medical conditions, but does not always chew their food. See the link for advice on learning to chew - [Microsoft Word - Learning to chew (southwestyorkshire.nhs.uk)](https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2023/02/Learning-to-chew.pdf). * The child has no difficulty eating but will only eat a small range of foods / prefers certain tastes e.g. likes sweet foods or will not try some food groups e.g. fruit, vegetables or meat. Loughborough University has a useful website: [www.childfeedingguide.co.uk](http://www.childfeedingguide.co.uk) * The child is taking more milk than is recommended for their age / stage of development and as a result is not having solids or eating lumpy food. Discuss with the child’s Health Visitor / Dietitian. * The child is drooling but has no indications of eating, drinking or swallowing difficulties. See the link for advice on drooling and saliva control - [Microsoft Word - Drooling and Saliva control (southwestyorkshire.nhs.uk)](https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2023/02/Drooling-and-saliva-control.pdf) * The child is vomiting frequently or has gastro-oesophageal reflux but with no signs of swallowing difficulties e.g. coughing, choking, distress when eating and drinking. Please seek medical advice. * The child has a restricted diet, with limited acceptance of food textures, smells or colours. There may be retching or gagging in response to foods. They have no eating and drinking difficulties with food they enjoy. You may get useful advice from the following professionals: specialist nursing staff, occupational therapist, dietitians and psychologists. See the link for advice on restricted diets - [Microsoft Word - Children with restricted diets (southwestyorkshire.nhs.uk)](https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2023/02/Children-with-restricted-diets.pdf) * The child has a mental health condition that explains their eating and drinking, for example anorexia, bulimia, avoidant restrictive food intake disorder (ARFID), phobias and anxiety. Seek psychological support. | |
| **Tick any that apply below.** | |
| **Important – Please Read**  People sometimes mistake gagging for choking. Before making a referral for choking check our leaflet ‘Is my child gagging or choking?’ – available on our website [www.barnsleyspeechtherapy.co.uk](http://www.barnsleyspeechtherapy.co.uk) or  Watch our YouTube video ‘weaning to solids – gagging’ – available via the link [Weaning and gagging information video - YouTube](https://www.youtube.com/watch?v=2HhTsLbE3e0)  The child chokes. **Give additional information in the box below.** |  |
| The child show signs of swallowing difficulties e.g. coughing, choking, recurrent chest infections or weight loss. **Give additional information in the box below.** |  |
| The child is non-oral and requires oral stimulation advice. **Give additional information in the box below.** |  |
| The child is fed through a nasogastric or gastrostomy tube and is ready to have tastes or start oral feeding. **Give additional information in the box below.** |  |
| The child has a medical condition which can affect eating and drinking e.g. cerebral palsy, down syndrome, epilepsy, neuromuscular condition, gastro-oesophageal reflux, head injury, stroke and you need advice as there has been a change in their skills. **Give additional information in the box below.** |  |
| The child is over 12 months**,** and despite trying strategies to reduce formula milk/milk intake there has been no increase in the child’s acceptance of food. **Give details of strategies tried in the box below.** |  |
| **Additional Information:** | |

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| **Section 9:**  **Patient Information** | | | | | | | | | | | | | | | |
| Child’s name | | |  | | | Also known as  **(do not use for adopted children)** | | | | | |  | | | |
| Gender | | |  | | | Date of Birth | | | | | |  | | | |
| If the child was born prematurely, please state how many weeks gestation they were at birth: | | | | | | | | | | | | | | | |
| Preferred Pronoun | | |  | | | NHS number | | | | | |  | | | |
| Telephone number | | |  | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | |
| First and Last names of parent/legal guardian | | | | | |  | | | | | | | | | |
| Ethnicity | |  | | | | Religion | |  | | | | | | | |
| First Language | |  | | | | Other Languages | |  | | | | | | | |
| Medical Diagnosis | | | |  | | | | | | | | | | | |
| GP Practice | | | |  | | | | | | | | | | | |
| Professionals involved with the child | | | |  | | | | | | | | | | | |
| School/Nursery/Playgroup/  Childminder (specify name) | | | |  | | | | | | | | | | | |
| Specify days and times nursery/childminder attended | | | |  | | | | | | | | | | | |
| Is the school/setting able to carry out practice? It varies from child to child but typically for 15 minutes, 3 times per week? | | | | | | | | | | | | | Yes | | No |
| **Indicate if the child has:** | | | | | | | | | | | | | | | |
| SEN (Special Educational Needs) Support | | | | Undergoing assessment for EHCP (Education, Health and Care Plan) | | | EHCP (Education, Health and Care Plan) | | | | | | | | |
| **Safeguarding concerns:** tell us who will give more information. | | | | | | | | | | | | | | | |
| Name |  | | | | Contact details | | | |  | | | | | | |
| **Child Who is Looked After (LAC) / Child in Foster Care** | | | | | | | | | | | | | | | |
| Named Social Worker | | | | |  | | | | | | | | | | |
| Who has parental responsibility? | | | | |  | | | | | | | | | | |
| Who can make decisions on behalf of the child? | | | | |  | | | | | | | | | | |
| **Indicate if the child is on any of these stages:** | | | | | | | | | | | | | | | |
| Early Help Assessment | | | | Child in Need | | | Child Protection Plan | | | | | | | | |
| **Other safety risks:** E.g. infectious conditions, such as cytomegalovirus (CMV), hepatitis, rubella, Methicillin-resistant Staphylococcus aureus (MRSA) or risk of violence and aggression, tell us who will give more information. | | | | | | | | | | | | | | | |
| Name |  | | | | Contact details | | | | |  | | | | | |
| **Help with appointments:** E.g. copy appointments to referrer, wheelchair access, literacy, learning or mental health needs. Give details below of help needed. | | | | | | | | | | | | | | | |
| **Interpreters:** Please inform the family that when a child uses more than one language we have to assess them using an interpreter. We are not able to use a family member. We will book an interpreter.  Are the family happy to accept an interpreter of any gender? If no, please state gender preferred. | | | | | | | | | | | | | | | |
| Is the child or young person a young carer? | | | | | | | | | | | Yes | | | No | |

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| Does this young person have capacity to consent to this referral? | |  |
| If yes, do they give permission for someone else to act on their behalf? | |  |
| Give details of who can act on their behalf.  Name Relationship | | |
| If the young person is 16 or over and has capacity to consent to the referral, provide their personal mobile number or email address. | |  |
| **By completing the referral, you are confirming you have gained consent to refer.**  **Please inform families:**   * **when they do not attend their appointment, they will be discharged.** * **when carers cancel two consecutive appointments or there is a pattern of frequent cancellation they will be discharged.** * **a discharge report will be distributed to professionals involved.** | | |
| Referrer name |  | |
| Job Title |  | |
| Contact number |  | |
| Email address |  | |
| Address |  | |
| Date |  | |

**Return the completed referral form by post to: Children’s Speech and Language Therapy, The Lodge, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD or by email to:** [**barnsley.speechtherapy@swyt.nhs.uk**](mailto:barnsley.speechtherapy@swyt.nhs.uk)