**HARINGEY EARLY YEARS SPEECH & LANGUAGE THERAPY SERVICE**

REFERRAL FORM

**This form must be completed in full including** **Appendix A.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | | Male  Female | | | | **Date of Birth:** | |
| **Address:** | | | | | | **GP: Name & Address:** | |
| **Child’s NHS No:** | | | | | | **HV/SN Address/Base:** | |
| **Parent/Carer Name and Surname:** | | | **Parental responsibility:**  **Yes / No** | | | **Tel No:**  **Email:** | |
| **Parent/Carer Name and Surname:** | | | **Parental responsibility:**  **Yes / No** | | | **Tel No**:  **Email:** | |
| **Nursery/School:** | | | | | | |
| **Language(s) spoken at home:** | | | | | **Is an interpreter required:** | |
| **Ethnicity:** | | | | | | |
| **Child Protection Plan: Yes / No**  **Child in Need: Yes / No** | **Social Worker:**  **Tel No/Email:** | | | | | |
| **Other agencies involved:** | | | | | | |
| **Relevant family, developmental and medical history:** | | | | | | |
| **Reason for Referral:** | | | | | | |
| **Name of Referrer:**  Click here to enter text. | | | | **Position Held:** | | |
| **Address/ Clinic Base :** | | | | **Date of referral:** | | |
| **Do you have parental consent?**  **(*If this box is not ticked the child will not be seen*)** | | | | **Parental Signature:** | | |

**Appendix A.**

### EARLY YEARS SPEECH AND LANGUAGE THERAPY SERVICE REFERRAL CHECKLIST

## ALL PROFESSIONALS TO COMPLETE THIS SECTION: Please consider referral if you have answered NO to any sections, if unsure call the SLT Advice Line on 0203 224 4399

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| --- | --- |
| Two Year Checklist | Three Year Checklist |
| Play Can the child relate 2 items together functionally in simple play? | Play Does the child demonstrate sequences of play reflecting real life? |
| Social Interaction Does the child show an interest in and respond to social contact with adults? | Social Interaction Does the child show an interest in and respond to social contact with adults? |
| Does the child co-operate with adult  direction? |
| Does Does the child show an interest in other  other children? | Does Does the child show an interest in other  other children? |
| Understanding Spoken Language Does the child follow instructions related  to familiar situations at home (e.g.  get your shoes, time for bed etc)? | Understanding Spoken Language Is the child able to understand  and participate in a simple  conversation about the here and now? |
| Can the child point to a range of  named everyday objects or pictures  (e.g. food, clothes, body parts)? |
| Expressive skills Does the child use between 30  to 50 different words? | Expressive skills Does the child put more than 3  words together in sentences? |
| Is the child joining any words  together? | Does the child make comments that are appropriate to the social context? |
| Speech skills Can the parent understand what the child is saying most of the time? | Speech skills Can you understand what the  child is saying most of the time? |
| Eating/Feeding skills Can the child eat or drink without difficulty (either independently or with help)? | Stammering Does the child speak fluently without repeating sounds or words or interrupting their speech  with prolonged sounds or long silences? |
| Additional Information: | |

Please complete and return referrals to:[**whh-tr.haringeychildrensltreferrals@nhs.net**](mailto:whh-tr.haringeychildrensltreferrals@nhs.net)

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| The data collected from you will be stored on secure Trust systems and used for the purposes of preventive or occupational medicine, medical diagnosis, the provision of health or social care or treatment and the management of health or social care systems and services.  Whittington Health NHS Trust is the data controller and will process your data in accordance with the regulations that apply to:  •             Article 6 (e) and Article 9 (h) of the GDPR The General Data Protection Regulation 2016/Data Protection Act 2018.  Your data may be shared with our health or social care partners should they be involved or required to be involved in providing care or treatment to you.  Your data will be stored on data servers based in the UK and will not be transferred outside the EU.  Your records will be retained as per the guidance set out in the Records Code of Practice for Health and Social Care 2016.  You can contact the Data Protection Officer at [InformationGovernance.Whitthealth@nhs.net](mailto:InformationGovernance.Whitthealth@nhs.net) or by calling 0207 288 3077. |