

**Paediatric Speech and Language Therapy Service**  
**School Request for Professional Advice and Support**  
**(Manual version)**

**How to contact the service and submit a request for professional support**

Before requesting our professional support please consider if your organisation and the child's family/carers are ready and able to commit to the recommendations resulting from the SLT assessment. This will include 'hands on' regular support to the child / young person by school staff and the family to work on strategies and programmes provided and modelled by the SLT. This is vital if the desired outcomes are to be achieved.

Please also ensure parents/carers are clear about the reason for the referral and are prepared to attend an appointment of up to one hour with their child for the initial assessment.

First initial assessment appointment will usually take place within 18 weeks of receipt of the referral. Ideally the appointment would take place at the school if you are able to provide a suitable room and environment for the assessment. We would need parents to attend or have spoken to the therapist by telephone prior to the school visit. Appointments at the school location are also preferred where it is anticipated there may be difficulties in engaging with the family and/or transport problems. First assessment appointments are also offered at a community health clinic location, usually the clinic closest to the home address.

To submit a completed request for support form, please email (preferred) or post to:

**Dorset HealthCare University NHS Foundation Trust**  
**Paediatric Speech and Language Therapy Service**  
**Administration Team**  
**11 Shelley Road, Boscombe, Bournemouth**  
**Dorset, BH1 4JQ**

**☎Tel Contact: 01202 443208**

**✉email: [dhc.slt.queries@nhs.net](mailto:dhc.slt.queries@nhs.net)**

**[www.dorsethealthcare.nhs.uk/professionals](http://www.dorsethealthcare.nhs.uk/professionals)**

This form is available in an electronic or manual version and can be submitted by email (preferred) or by post.

Copies of the both versions of the request form can be emailed to you by our administration team or downloaded from the Dorset HealthCare website.

## PRE- REQUEST CHECK LIST

- The child/young person is registered with a NHS Dorset GP
- You confirm that this request for external professional support from the Paediatric Speech and Language Therapy Service has been discussed and agreed with the parent/carer and they are willing to attend an initial assessment appointment and engage with the service.
- You confirm that the school SENCO is aware and in agreement with this request and that the school will work collaboratively with the service, will follow SLT advice and participate in the delivery of appropriate programmes and strategies provided by the service.
- You are providing details and evidence of a graduated response to the child /young person's SEN support i.e. strategies in place, outcomes, a copy of the pupil's current IEP
- You are providing copies of reports from other agencies in support of this request if relevant.

<b>REQUEST FOR PROFESSIONAL SUPPORT FROM THE PAEDIATRIC SPEECH AND LANGUAGE THERAPY SERVICE</b> <b>Manual Version - Scan and email (preferred) or post to the service</b>  <b>PLEASE COMPLETE ALL SECTIONS</b>			
<b>Details of Child/Young Person for whom you are seeking support</b>			
Surname:		First Name:	Previous Names:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	NHS Number:
Ethnicity (please see attached list):			
Is this child / young person a Looked After Child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child/young person the Subject of a Child Protection Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
If Yes, please provide the date this became effective:			
Current Address:			
Name(s) of parents/carer & relationship to child/young person:			
Who has Parental Responsibility?*			

*\*Under the Children's Act 1989 certain people hold parental responsibility for a child. This may include the child's mother; the father if the parents are married at the time; the father if he has acquired responsibility by a court order or by a document in a proper legal form agreed by the mother; adoptive parents; others who have acquired parental responsibility through legal systems e.g. residence order, parental responsibility order.*

**Information for Administration**

Where would be the most appropriate or desired location to see this child/young person for their initial assessment appointment?

- NHS community clinic location     School premises (*a suitable private room must be made available*)

Parent/Carer's preferred daytime contact number(s):

Mobile:

Landline:

Do parents/carer consent to the use of the mobile telephone number being used for text messages and/or voicemail messages?     Yes     No

Parent/Carer's Email address:

Do the parents/carer consent to the service use of their email address to send letters and reports?

- Yes     No

Have parents/carer consented to this referral?     Yes     No

*Please be aware we CANNOT accept referrals without parental consent.*

**Details of the person and school requesting support**

Name:

Role / Job Title:

Name of School:

Address:

Telephone Contact No:

Best time(s) to contact:

Email address:

*Please provide the most appropriate email address to receive encrypted emails from our service which will include SLT reports and associated programme and resources to support the child/young person.*

What do you hope will be achieved by making this request that has not been addressed through support already put in place by your school or other sources of advice & information?

**Registered GP and Medical Details**

(Important: referrals can only be accepted for children/young people registered with a Dorset GP)

Name &amp; Address of GP Surgery:

Please provide details of any relevant medical history including medical, physical and mental health.

**Additional Information about the Child / Young Person**

First Language:

Other spoken language(s):

Interpreter Required?

 No Yes For child  For parentDoes this child/young person receive any additional support in school?  Yes  NoIs this child/young person on the school SEN register?  Yes  NoDoes this child/young person have an EHC Plan?  Yes  No  Application outcome pendingAre other Professionals and Services Involved? **Please attach any relevant reports.**

Social Services

 Yes  No  Pending

Contact name

Educational Psychologist

 Yes  No  Pending

Contact name

Portage

 Yes  No  Pending

Contact name

Paediatrician /Child  
Development Centre Yes  No  Pending

Contact name

Other therapy services (OT,  
physiotherapy, dietician) Yes  No  Pending

Contact name

Health Visitor

 Yes  No  Pending

Contact name

School Nurse

 Yes  No  Pending

Contact name

Other speech & language  
therapist Yes  No  Pending

Contact name

Other *(please specify)* Yes  No  Pending

Contact name

Other *(please specify)* Yes  No  Pending

Contact name

**All requests for professional support are viewed and assessed by an Advanced Practitioner SaLT. It is very important that you provide sufficient evidence and information to support the request.**

*Please be aware that requests without sufficient evidence and information may be rejected and returned.*

### Summary of Presenting Difficulties

1) **Difficulty with language**  Yes  No *if yes please complete below*

When compared with others in class	Less able	Similar ability	More able
Attention and listening			
Understanding language (receptive skills)			
Expressive language (vocabulary and sentence structure)			
Social skills (play and social interaction)			

2) **Difficulty with Speech sounds (intelligibility / phonology)**  Yes  No *if yes please complete below*

Can the child be understood by...

Familiar adults  Yes  No    Unfamiliar adults  Yes  No    Other children  Yes  No

What words or sounds (if any) are difficult for the child to pronounce?

3) **Difficulty with fluency (they repeat sounds, words several times)?**  Yes  No  
*if yes please complete below*

How long has the difficulty persisted?

Describe situation in which this difficult occurs:

4) **Selective mutism**  Yes  No *if yes please complete below*

Do they speak at home?  Yes  No

Do they speak with peers?  Yes  No

Do they speak with adults in school?  Yes  No

5) **Are you preparing information in support of a referral to the Pan Dorset Development and Behaviour pathway?**

Yes  No  A referral is being considered

Please consider the **overall impact** of the difficulties you are aware of and indicate your assessment below:

**How does this affect their ability to perform age appropriate activities / tasks/ functions**

- Totally dependent on adult support
- Needs high level support
- Some assistance needed
- Needs minor/occasional assistance/prompts
- Independent

**How does this affect age-related functioning and participation within a social and educational context**

- No autonomy
- Very limited choices
- Some integration
- Integrated with some limitations
- Fully and appropriately integrated

**Level of anxiety or concern**

<b>School Staff</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Parents/Carer</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Child /young person</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

**What other information would you like us to know about the child /young person.**

**Information for the Speech and Language Therapist:** Areas of concern and details of interventions, strategies already in place and their outcomes.

Name of Pupil:	Age:	Date completed:
	School Year:	
Class teacher:	Completed by:	
<b>AREAS OF CONCERN</b> ( <i>age appropriate</i> )	<b>COMMENTS &amp; DETAILS OF STRATEGIES ALREADY TRIED &amp; OUTCOMES</b>	
<b>1. Understanding and Responding:</b>		
<b>Does he/she attend and listen appropriately?</b>		
• During 1:1 with adult or peer	<input type="checkbox"/> Y <input type="checkbox"/> N	
• During small group work	<input type="checkbox"/> Y <input type="checkbox"/> N	
• During whole class work	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Does he/she respond appropriately to?</b>		
• Instructions	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Questions	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Stories	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Does he/she respond appropriately during?</b>		
• Whole class situations	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Small group work	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Discussions / general conversations	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Does he / she ask for clarification?	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>2. The understanding and use of vocabulary</b>		
• Does he / she use a range of vocabulary e.g. (nouns, verbs, adjectives)?	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Is he / she able to learn and use new vocabulary appropriately?	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Is he / she able to understand and use abstract concepts?	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Is he / she able to give appropriate word definitions?	<input type="checkbox"/> Y <input type="checkbox"/> N	

<b>3. Talking: sentences and explanations</b>		
<ul style="list-style-type: none"> <li>Is he/she able to speak in sentences using appropriate grammar (e.g. pronouns, tenses, conjunctions)?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she use the correct word order when speaking in sentences?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Can he/she organise a series of sentences to explain or tell a story?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>4. Speech</b>		
<ul style="list-style-type: none"> <li>Is his/her speech easy to understand?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Is he/she able to produce speech sounds accurately? If no, which sounds?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Is he/she acquiring phonological awareness skills during literacy?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>5. Social Communication Skills</b>		
<ul style="list-style-type: none"> <li>Does the child use his / her language for a number of reasons e.g. to comment, request, seek clarification etc.?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Is he/she able to initiate and continue a conversation?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she take turns in a conversation?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she stay on topic?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she use appropriate eye gaze?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she understand and use non-verbal means of communication?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<ul style="list-style-type: none"> <li>Does he/she provide the listener with sufficient information to understand?</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N	



<b>6. Memory Skills</b>		
<b>Does he/she remember what has been said within?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Instructions	<input type="checkbox"/> Y <input type="checkbox"/> N	
• Stories	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>7. Stammering/Stuttering</b>		
• In certain situations	<input type="checkbox"/> Y <input type="checkbox"/> N	
• All the time	<input type="checkbox"/> Y <input type="checkbox"/> N	

<b>Further Information</b>
<b>When did child/young person's difficulties first become apparent?</b>
<b>Please describe the Universal level support relating to <u>speaking and listening</u> that the school has in place</b>
<b>Please describe the level of targeted SEN support relating to <u>speaking and listening</u> that the school currently has in place for this pupil and how long has this been in place?</b>
<p><b>Supporting pupils with SLCN – School self-assessment</b></p> <p><input type="checkbox"/> We have a high level of knowledge, skills and experience in supporting pupils with SCLN</p> <p><input type="checkbox"/> We have sufficient knowledge and skill to support pupils with targeted interventions including implementing strategies and following programmes devised by a Speech and Language Therapist</p> <p><input type="checkbox"/> We have limited knowledge and experience in supporting pupils with SCLN, delivering targeted interventions, implementing strategies and following programmes devised by a Speech and Language Therapist</p>

## **Ethnic Categories – 2011 census England and Wales**

White: English/ Welsh/Northern Ireland/British

White Irish

White: Gypsy / Irish Traveller

White: Other White background

Mixed: White + Black Caribbean

Mixed: White + Black African

Mixed: White + Asian

Mixed: Other Mixed/multiple background

Asian/Asian British: Indian

Asian/Asian British: Pakistani

Asian /Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Other Asian

Black /African/Caribbean /Black British : African

Black /African/Caribbean /Black British : Caribbean

Black/African/Caribbean/Black British : Other Black

Other ethnic group: Arab

Other ethnic: Any other group