

HARINGEY EARLY YEARS SPEECH & LANGUAGE THERAPY SERVICE REFERRAL FORM

This form must be completed in full including Appendix A.

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

Two Year Checklist	Three Year Checklist
<p>Play Can the child relate 2 items together functionally in simple play? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Play Does the child demonstrate sequences of play reflecting real life? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Social Interaction Does the child show an interest in and respond to social contact with adults? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Social Interaction Does the child show an interest in and respond to social contact with adults? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does the child show an interest in other children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does the child co-operate with adult direction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Understanding Spoken Language Does the child follow instructions related to familiar situations at home (e.g. get your shoes, time for bed etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Understanding Spoken Language Is the child able to understand and participate in a simple conversation about the here and now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Can the child point to a range of named everyday objects or pictures (e.g., food, clothes, body parts)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Expressive skills Does the child use between 30 to 50 different words? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Expressive skills Does the child put more than 3 words together in sentences? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is the child joining any words together? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does the child make comments that are appropriate to the social context? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Speech skills Can the parent understand what the child is saying most of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Speech skills Can you understand what the child is saying most of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Eating/Feeding skills Can the child eat or drink without difficulty (either independently or with help)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Stammering Does the child speak fluently without repeating sounds or words or interrupting their speech with prolonged sounds or long silences? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Additional Information:</u></p>	

Please complete and return referrals to: whh-tr.haringeychildrensltreferrals@nhs.net

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 or by calling 0207 288 3077.