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| **SCHOOL AGE**  **REQUEST FOR SUPPORT FROM CHILDREN’S SPEECH & LANGUAGE THERAPY (SaLT)**  Please send completed form via e-mail**:** [ccs.nandw-salt-jon@nhs.net](mailto:ccs.nandw-salt-jon@nhs.net)  **Please use this form to request support from SaLT. There are different ways that support may be provided, from verbal advice and signposting, to face-to-face assessment and intervention.** | | |
| **Child’s name:** | **D.o.b.:** | **NHS no:** |
| **Address:** | | **Gender:** |
| **Parent/Carer name (s)**  Please provide details of all adults with parental responsibility | **Phone:** | **Email:** |
| **Language (s) spoken at home:**  **Interpreter required?** | | |
| **School Name** | **School Address** | **Name of Link SaLT (if known)** |
| **Name of person completing this request for support form:**  **Relationship to child:**  **Email Address:** | | |
| **I confirm I have gained parental/carer consent for a request for support to be made: Yes**  **Date consent gained:**  **Name of parent/carer giving consent:**  **I confirm that the person giving consent has Parental Responsibility: Yes**  Please ensure that all people with Parental Responsibility are aware of this Request for Support | | |

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| **Parent/Carer preferences:** |
| Cambridgeshire Community Services (CCS) NHS Trust would like to send text (SMS) messages for  appointment reminders and general information.  **I agree to receive text (SMS) messages: Yes**  **No**  We may offer appointments using video calling; for this we need your current email address.  **I agree to having video call appointments if appropriate: Yes**  **No**  We often send letters or reports by email instead of by post. Any such correspondence is always sent via encrypted email; in order to receive such emails you would need to respond to an initial request to set up a username and password by Egress Software. Once any information has left our NHS email accounts, the security of that information would be your responsibility. It would also be your responsibility to update any change of email address.  **I agree to receive encrypted emails which could include personal information: Yes**  **No** |
| **Sharing information:**  Are you happy for us to share your child’s record with other health services who are involved with your child’s care? **Yes**  **No**  Are you happy for us to have access to the records held by other health services involved in your child’s care? **Yes**  **No**  If we need to talk to other professionals involved with your child, e.g. Paediatrician, Portage worker or school staff etc, are you happy for us to share information with them?  **Yes**  **No** |

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| **Reason for Request for Support** | |
| Please tick any areas of speech, language and communication you are worried about:   * child’s speech is difficult to understand Yes  No * child isn’t saying as much as other children the same age Yes  No * child finds it hard to follow instructions (understanding) Yes  No      * child has started to stammer/stutter Yes  No * child finds it hard to concentrate Yes  No      * child finds it hard to interact with other children or adults Yes  No * concerns about child’s behaviour Yes  No * concerns about how child plays Yes  No   If you are making a referral for eating and drinking concerns – please call 0300 300 0123  **Please add any further information regarding your concerns to the ‘additional information’ box at the bottom of the form.** | |
| **Has the child previously been seen by Speech and Language Therapy? (NHS or Independent)**  If yes, please state what has changed since last seen. If applicable, please share any independent SaLT reports | Yes  No |
| **What are the child’s current communication targets?** (set by school staff or a Speech and  Language Therapist)? |  |
| **Please give a summary of the assess, plan, do, review cycle regarding the child’s communication**  (e.g. initial screening date and scores; intervention; re-screen date and scores).  If there are speech sound concerns, please complete and attach a speech sound screen. |  |
| **Please provide information on the child’s overall school attainment levels:** |  |
| **Does the child have any relevant diagnoses or medical problems?** |  |
| **Any concerns around hearing?** |  |
| **Names of other key professionals involved** (e.g., Paediatrician, Educational Psychologist): |  |
| **Does the child have an Education, Health and Care Plan (EHCP)?** | Yes  No |
| **Any additional information?** |  |
| Thank you for completing this Request for Support Form. Please submit this form via email to  [ccs.nandw-salt-jon@nhs.net](mailto:ccs.nandw-salt-jon@nhs.net) | |