



Key Indicators of SLCN (Speech, Language and Communication Needs)

- Student who appears to **ignore** what you have asked them to do or do the wrong thing
- Student who struggles to **learn and remember new words** and/or has difficulty explaining new words
- Student has difficulty **expressing ideas** (using the correct words, grammar, sentences)
- Student who experiences **difficulty accessing the lesson** / keeping up with the pace of the lesson
- Student who is **quiet** in whole class and small group settings
- Student who has difficulty with **written work**
- Student who has difficulty with **re-telling events** in the correct order and including appropriate detail for the listener
- Student who has difficulty **organising** themselves
- Student who becomes **frustrated** in whole class or small group settings
- Student who struggles to demonstrate **active listening** and engagement in lessons
- Students who **avoid starting/ doing work** e.g. ask for pens, go to the toilet, distract others
- Students who get **numerous behaviour points** for not listening, distracting others, not having completed homework

Information for Making a Referral



- Discuss with School SLT if suitable referral
- Complete all sections of referral form
- Must include student NHS number
- Must include name of Teaching Assistant or Parent/Carer who will complete 1:1 programme with student (if a 1:1 programme is recommended)
- Must obtain School SLT signature before submitting
- Must obtain parent consent and signature
- Once referral has been processed SLT will schedule initial assessment

PRIMARY SCHOOLS REFERRAL FORM SPEECH AND LANGUAGE THERAPY

Please note that this form will be returned if essential information is not provided. Areas marked with * are mandatory in order for form to be processed. Thank you

Name*:	NHS No*:	
Male/Female (please circle)	DoB*:	Age:
Address*:	Ethnic Origin*:	
	Tel No*:	
Postcode:	Other Tel No:	
Which language(s) are spoken at home*: *Is a dialect spoken? : Y / N (please circle) If Yes, which dialect:	What language(s) does the <u>child</u> understand and use at home?*	
How long has the child been exposed to English for?*	Interpreter needed*: Y / N (please circle)	
Has the child's hearing been tested in the last 12 months? * Yes/ No <i>(If Yes, please circle and provide date)</i> Date:	Outcome of Hearing Test:	
GP*:	GP Address*:	
Health Visitor/School Nurse*:	Health Visitor/School Nurse Address:	
School/Nursery*:	SENCo*:	
Stage on Code of Practice: (please circle) None SA SA+ EHCP	School Year:	
School Educational Psychologist:	Class Teacher*:	
Other Professionals Involved*: (e.g. Social services, OT, CDT: please list with contact details and attach most up to date report/s if available)	Teaching Assistant*: (linked to student or class)	

Reason for referral * (tick area of concern and provide comment/s)

Difficulty	<input checked="" type="checkbox"/>	Observations/reasons for concern in this area
Feeding		
Speech Sounds (pronunciation)		
Voice* (e.g. husky voice, poor intonation)		*Has the child been seen by ENT? If yes please attach report
Fluency/Stammering (e.g. repeating sounds/words, stopping completely)		
Only Speaking in certain situations / Shy & Anxious		
Hearing Impairment (e.g. in the class group/one-to-one - able to sit		

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still, distractible)		
Social Skills (e.g. eye contact, taking turns, understanding social situations, interaction with peers)		
Language (Attention & Listening, Understanding, Expression)		
Other		

Please note we offer a comprehensive programme of training and we recommend staff attend the relevant course so that we can work together to best meet the needs of the child being referred (all courses listed are free from Ealing SLT Training for Schools programme)

What Training have the above named staff received to manage the areas of concern? *
 What extra support has been put in place to manage these difficulties in school/nursery?*

Difficulty	Class Teacher Training Attended	Class/support TA Training Attended
Speech Sounds	Speech workshop <input type="checkbox"/> Date:	Speech workshop <input type="checkbox"/> Date:
Voice*	Voice Workshop <input type="checkbox"/> Date:	Voice Workshop <input type="checkbox"/> Date:
Fluency/Stammering	Stammering workshop <input type="checkbox"/> Date:	Stammering workshop <input type="checkbox"/> Date:
Speaking in certain situations / Shy & Anxious	Supporting children with speaking anxiety in school Part 1 (morning). <input type="checkbox"/> Date: Part 2. (afternoon) <input type="checkbox"/> Date:	Supporting children with speaking anxiety in school Part 1 (morning). <input type="checkbox"/> Date: Part 2. (afternoon) <input type="checkbox"/> Date:
Hearing Impairment	Hearing Impairment Workshop <input type="checkbox"/> Date:	Hearing Impairment Workshop <input type="checkbox"/> Date:
Social Skills	Lego Therapy <input type="checkbox"/> Date: Supporting Children with Social Communication Difficulties <input type="checkbox"/> Date:	Lego Therapy <input type="checkbox"/> Date: Supporting Children with Social Communication Difficulties <input type="checkbox"/> Date:
Language	Primary Schools Day <input type="checkbox"/> Date: Narrative and Reading for Meaning <input type="checkbox"/> Date: Working with Children With Specific Language Impairment (SLI) <input type="checkbox"/> Date: Colourful Semantics: <input type="checkbox"/> Date: Bilingualism: Supporting the Language and Communication Skills of Children Developing More Than One Language <input type="checkbox"/> Date:	Primary Schools Day <input type="checkbox"/> Date: Narrative and Reading for Meaning <input type="checkbox"/> Date: Working with Children With Specific Language Impairment (SLI) <input type="checkbox"/> Date: Colourful Semantics: <input type="checkbox"/> Date: Bilingualism: Supporting the Language and Communication Skills of Children Developing More Than One Language <input type="checkbox"/> Date:
Other	Behaviour and communication: what is behaviour telling us? FS & KS1 <input type="checkbox"/> Date: Behaviour and communication KS2 <input type="checkbox"/> Date:	Behaviour and communication: what is behaviour telling us? FS & KS1 <input type="checkbox"/> Date: Behaviour and communication KS2 <input type="checkbox"/> Date:

Please note that if the student being referred has not accessed relevant targeted provision related to the concerns the referral may be returned.

Difficulty	Group Support provided/	Other
Speech Sounds	Speech group <input type="checkbox"/>	
Hearing Impairment	Vocab group <input type="checkbox"/> Narrative Group <input type="checkbox"/>	Environmental Checklist <input type="checkbox"/>
Social Skills	Social Skills Group <input type="checkbox"/> Lego Therapy <input type="checkbox"/>	Environmental Checklist <input type="checkbox"/>
Language	Vocab group <input type="checkbox"/> Narrative Group <input type="checkbox"/> Higher Level Language Group <input type="checkbox"/> Talking Boxes/Box Clever <input type="checkbox"/>	Environmental Checklist <input type="checkbox"/>
Other		

Relevant observations from Groups/ support provided – please attach outcomes from the interventions to the referral form*

*What Curriculum levels is the student currently functioning at?**

Information about non-verbal skills (tick if a concern)

Difficulty	✓ / ✗	Observations/reasons for concern in this area
Behaviour (e.g. motivation, confidence)		
Learning (e.g. memory, generalising information)		
Physical (e.g. gross & fine motor skills)		
Play (e.g. on own, with others, repetitive, imaginative)		
Other relevant Information		

Documents to be attached:

- *Reports/information from other professionals (where possible please include Educational Psychology report)
- *Outcomes from targeted groups the student has attended in school

Information for Parents/Carers and Schools

(if referrer is any other professional please explain this fully to parent/carer)

By making this referral you are committing to working with and providing the necessary support to carrying out the advice given and recommended by the Speech and Language Therapist.

****I fully understand that if the named person to carry out the specialist work 3 times a week does not do so that my child will be discharged from the service.**

****Who will carry out the specialist programme a minimum of 3 times a week should the named student be appropriate for the specialist caseload*:** _____

Referrer Name*: _____ **Referrer Role*:** _____

Referrer Signature*: _____ **Date:** _____

Address and Tel. No. of Referrer*: _____

SLT Name*: _____ **SLT Signature*:** _____

Parent/Carer Consent *

- I fully understand the reasons for this referral and agree to the referral
- I agree to assessment information and recommendations about the child's speech, language and communication being shared between the Service, Education Staff and Health

Professionals

Parent/Carer Name*: _____ **Parent/Carer Signature*:** _____

Please return to: Speech and Language Therapy, Carmelita House, 21-22 The Mall, Ealing, W5 2PJ,
 Fax: 020 8825 8755

If you have any questions please call our SLT Administrator on 020 8825 8856

PARENTAL/CARER QUESTIONNAIRE

Name of Child: **Date of Birth:**

What do you hope to get from your Speech and Language Therapy appointment?

.....

What are your main concerns? (please tick as many as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> feeding and early communication | <input type="checkbox"/> understanding of language |
| <input type="checkbox"/> words/word joining/sentences | <input type="checkbox"/> pronunciation (speech sounds) |
| <input type="checkbox"/> fluency (stammering/stuttering) | <input type="checkbox"/> social interaction |
| <input type="checkbox"/> other | |

continue

.....

Who lives in your home?

Name	Date of Birth	Position in the Family

Is there anyone in the family or extended family who was/had: (please state relationship to child)

- **Late talking:**.....
- **Pronunciation problems:**.....
- **Stammered/stuttered:**.....
- **Hearing difficulties:**.....

- Learning problems

How much help does your child need with: (please tick)

	<i>None</i>	<i>Some</i>	<i>A lot</i>
Dressing			
Washing			
Eating			

Were there any difficulties with:

Pregnancy:.....

Birth:.....

Your Child's Early Development:

Birth weight: Condition of baby at birth:

Age of taking solid food: Age of sitting:

Age of walking: Age out of nappies: Day: Night:

Does your child use a dummy? Yes / No (please circle)

Age of making first sounds: Age of first words:

Can you give an example of how your child tells you what s/he wants?

Does your child always understand what is said to him/her?

What are your child's favourite toys/activities?

How much time do you spend playing with your child in a day?

What sort of things do you play together?

Who spends the most time with your child?

Does your child play with other children? Yes / No How often?

What does your child like watching on TV?

Health Issues:

Is your child taking regular medicine? Yes/No If so what for:

Has your child ever been to hospital? Yes/No If so what for:

Has your child had any of the following:

- Ear Infections:

- Antibiotics:

○ **Any Other Illnesses:**

Does your child see any other health professionals? If so, please tell us who:

- | | | |
|--|--|---|
| <input type="checkbox"/> CDT | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Educational Psychology | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Other |

For SLT use only:

Date form received:.....

Name of Therapist:.....

Sample of Language from Home

To help us assess your child it would be very useful if you could provide us with information about your child's talking at home.

Please write down in the spaces below examples of what your child says at home, exactly as they say them. Please don't add in words or correct any mistakes that they make. For example if your child says, 'me go shop' please write this, rather than 'I'm going to the shop.'

If your child does not speak English at home please give examples of what they say in your home language.

Examples of things my child says:

Name: _____ **DOB:** _____ **Home Language:** _____

1	
2	
3	
4	
5	
6	

7	
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SPEECH AND LANGUAGE THERAPY PARENT AND PRACTITIONER WORKSHOPS 2017-18

Ealing Speech and Language Therapy are running **FREE** workshops for parents and practitioners across the borough of Ealing.

There are no child-minding facilities; the workshops are for parents and practitioners only.

Interpreters can be requested for families who speak English as an Additional Language. Please let us know if you require an interpreter.

Spaces for each workshop are limited.

To book a place on these workshops please call 020 8825 8856.

Autumn Term 2017

Northolt Park Children's Centre Thursday 12th October 2017	
TIME	WORKSHOP
9.30-11.00	Speech sounds
11.15-12.45	Stammering
1.15-2.45	Shy, quiet and anxious talkers

Northolt Park Children's Centre Thursday 16th November 2017	
TIME	WORKSHOP
9.30-11.00	Makaton taster
11.15-12.45	Under 3's Language Development
1.15-2.45	Over 3's Language Development

Spring Term 2018

Jubilee Children's Centre Wednesday 21st February 2018	
TIME	WORKSHOP
9.30-11.00	Makaton taster
11.15-12.45	Under 3s Language Development
1.15-2.45	Over 3s Language Development

Jubilee Children's Centre Wednesday 28th February 2018	
TIME	WORKSHOP
9.30-11.00	Speech sounds
11.15-12.45	Stammering
1.15-2.45	Shy, quiet and anxious talkers

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Summer Term 2018

Grove House Children's Centre Monday 11th June 2018	
TIME	WORKSHOP
9.30-11.00	Makaton taster
11.15-12.45	Under 3s Language Development
1.15-2.45	Over 3s Language Development

Grove House Children's Centre Monday 18th June 2018	
TIME	WORKSHOP
9.30-11.00	Speech sounds
11.15-12.45	Stammering
1.15-2.45	Shy, quiet and anxious talkers

**SPEECH AND LANGUAGE THERAPY PARENT AND PRACTITIONER
WORKSHOPS
2017-18**

To book a place on these workshops please call 020 8825 8856.

**Northolt Park Children's
Centre,
Newmarket Avenue,
Northolt,
Middlesex, UB5 4DB**



**Jubilee Children's Centre,
Drayton Green Park,
West Ealing,
London, W13 0JF**



**Grove House Children's
Centre,
77A, North Road,
Southall,
UB1 2JL**



Speech and Language Messages for your School Newsletter

Please see below School Newsletter Key Messages which the Speech and Language Therapy Department in Ealing are promoting. These inserts are also available electronically – please contact your School Speech and Language Therapist for electronic copies.

1. Keep Your Language Alive



Key Messages

- Talk to your child in your most fluent language(s)
- Learning more than one language has lots of advantages
- Enjoy your language; it is important for your social and cultural identity
- Mixing words from different languages is not unusual in bilingual language learners

Advice for Parents

- Try to let your child have times when he/she can play with other children who speak your language.
- Don't be frightened to use your language in public
- Make sure your child knows the different names of languages he/she speaks
- If your child prefers to use English words, you can still respond and repeat back what they have said in your own language

2. Talk and Play Everyday!



Key Messages

- Children learn from your talk, Children learn through your play

Advice for Parents

- Tell your child what is happening
- Keep it short and simple
- Always get down to their level
- Add gestures and visuals

3. Sing and Rhyme Anytime



Key Messages

- Sing all week to help your child speak

4. Watch less, talk more



Key Messages

- Watch less, talk more!!!
 - Children under 2 years = 30 mins/day max
 - Children 2-5 years = 1 hour a day max
 - Turn TV off when not watching it!
- Watch together!
 - Talk about it, repeat words, and sing along.
- Pick programmes that are suited to the child's age.
- Have fun doing lots of other things

Advice for Parents

TV watching can be beneficial when:

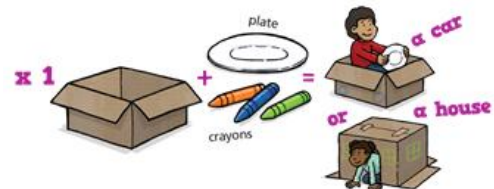
- A selected programme is watched together with the adult commenting on the content
- The adult helps the child join in or talk about the programme. (ICan 2010)
- High quality programmes designed for children aged 2-5 can enhance language development (National Literacy Trust 2004).

5. Toys for Talking



Key Messages

- Children learn talking through toys
- Your home is full of ways to play



Language strategies while playing

- Let the child lead the play
- Get down on child's level
- Comment on what the child is looking at/doing
- Repeat words
- Keep sentences short
- Add to what child says
- Pause to let child join in



Useful Websites:

<https://www.thecommunicationtrust.org.uk/resources/resources/>

- This website is part of a National Campaign to promote communication.
- There are a number of free resources for practitioners and parents which can be downloaded or ordered free of charge to distribute to staff and parents in your school. You may wish to discuss these resources and how best to use them with your school Speech and Language Therapist.

<http://www.talkingpoint.org.uk/>

- This website is a useful port of call for information on children's communication development. It also provides advice and strategies for teachers and parents.

<http://www.afasic.org.uk/>

- Afasic is a charity which supports parents and represents children and young people with speech, language and communication needs (SLCN).
- The website provides extensive information, support and advice about Speech, Language and Communication Needs.

<http://www.ican.org.uk/>

- ICAN is the children's communication charity. Their mission is that no child should be left out or left behind because of a difficulty speaking or understanding.
- The website provides information advice and support about communication.
- Addition information is provided about whole school initiatives that your school can get involved in to increase awareness about SLCN.

Ealing SLT website

<http://www.lnwh.nhs.uk/services/ealing-community-services/speech-and-language-therapy-paediatric/>