**Pre-Referral Decision Form**

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| All referrals to the speech and language therapy service to schools team need to be authorised by a speech and language therapist before you submit a Universal Therapies referral form. This is to ensure that we are providing specialist assessment for the most appropriate children and young people. You will need to use this pre-referral decision form as part of this initial process. You can access a speech and language therapist in one of the following ways:   1. If you have a Buy-In Therapist you can discuss referrals to the core service with them 2. If you have a core speech and language therapist booked to come to school and visit a child, then you can request that he/she meets with you during their visit to discuss any referrals to the core service. You will need to provide details of the children before the visit so that the therapist can check them on the system 3. Alternatively, you can complete this form and email it **securely** to both Joanne David and Paula Driscoll to be checked (emails at the bottom of this form). If additional information is required in order to make a decision, a therapist will arrange a time to contact you for discussion | | | |
| **Criteria for referral: Please check these referral criteria before completing this form**   * The child attends a school in Newham * The child’s speech, language, and communication needs (SLCN) are impacting significantly on their social, emotional, and learning development * The child has already been receiving universal and targeted school-based interventions to support their SLCN. This intervention may have been previously recommended by an SLT or independently introduced by the school SENCo * The child has not been assessed by an SLT within the last 6 months * The referral is being made for specialist assessment, **not** specialist intervention * The child needs SLT assessment prior to CDS referral for social communication difficulties * The child is not currently managed by an SLT from LCIS   Please ensure that the parent has been informed that their child’s SLCN will be discussed with the NHS Schools SLT service to decide whether a referral to the service would be appropriate  **NB:** For children where their language and communication difficulties are affecting their learning and social interaction in the school context, we have requested that GPs ask parents to speak to the school SENCo/Inclusion Manager rather than the GP making the referral directly to us. This is to ensure that children that are already being well managed at school are not re-referred to our service. If appropriate we request the school complete this form following the process outlined above. | | | |
| **Name of child:** | **Date of Birth:** | **Year / Class:** | **NHS number:** |
| **Name of SENCO / person making referral:**  **SENCo contact details**  **Telephone number:**  **Email:**  **Best days/time(s) to contact if referral needs to be discussed:** | | | |
| **Name of Speech and Language Therapist (SLT):**  **Context: Buy-In therapist / Core therapist visit / Emailed directly** | | | |
| **Date of Completion:** | | | |
| **Reason for Specialist Assessment Referral:**  For example, significant concerns around:   * Language comprehension * Social communication * Spoken language * Selective mutism * Communication difficulties impacting on SEMH (challenging / passive)   **AND** universal and targeted interventions have not been sufficient  *(For voice, fluency, and speech, refer to clinic if the chid meets age criteria)*  Does this child require an SLT assessment to support a referral for autism assessment at CDS?  Are you planning to make a referral to CAMHS for this child and do you require specialist assessment to support your referral? | | | |
| **Input already in place: This section must be completed**   * Targeted intervention, e.g. Bucket group, Box Clever, LEG, Social Skills * Strategies from Education Pack, e.g. using visual timetable, Colourful Semantics, word webs * Specialist recommendations from previous SLT report have been implemented and the child’s needs have changed *(report more than 6 months ago)* | | | |
| **What are the child’s strengths?**  **Which strategies / interventions are working?**  **What training have school / family attended?** *(See training brochure)*  **Is the child proficient in their home language?** | | | |
| **Agreement for school to proceed with referral to SLT using the Universal Therapies form** *(Please circle)*  **Yes** – SLT name and signature **…………………………………………………………………………………**  **No** – Action to be taken:  **Date:**  Copied to: School, SLT | | | |

**Please email completed forms securely via domains such as gcsx.gov.uk or egress**

**to:**

**Joanne David:** [**joanne.david1@nhs.net**](mailto:joanne.david1@nhs.net) **AND Paula Driscoll:** [**paula.driscoll1@nhs.net**](mailto:paula.driscoll1@nhs.net)