**EARLY LANGUAGE AND SCD REFERRAL FORM**

This form is for children up to the end of their Reception year who:

1. Have difficulties with understanding or talking
2. Or have social communication differences (SCD) and / or autism

This form is **not** for children who\*:

1. Are in Year 1 or above
2. Are deaf
3. Have complex needs (children with gross / fine motor difficulties as well as communications needs, such as cerebral palsy, Down Syndrome, progressive conditions).

\* *please continue to refer using the SPA referral form*

***Please note that all sections are mandatory.***

Parents/carers are the best possible people to help their child learn communication and independence skills. Our professionals will coach parents/carers to use strategies proven to support communication development and independence during everyday routines and activities. The SLT/OT will help parents/carers make a plan to support their child’s communication and independence development. The parent/carer will be expected to put this plan into action during everyday routines and activities.

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| **Section 1** |
| Child’s name:  |
| Child’s D.O.B.:  |
| Child’s NHS number: |
| Name of child’s school / nursery: |
| Name and role of person completing this form: |

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| **Section 2 -- Hearing** |
| **Has the child’s hearing been tested by audiology in the past 12 months?** [ ]  **Yes** [ ]  **No** |
| 1. If their hearing has been tested in the past 12 months, please indicate the following:

Date of hearing test:Outcome of hearing test: |
| 1. If their hearing has not been tested in the past 12 months, please refer them to audiology and provide the referral date below. If the child has recently been referred to audiology, please also provide the date below.

Date of referral to audiology: |

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| **Section 3 – Home Language** |
| What language(s) is spoken by the family? (please tick all that apply)[ ]  English [ ]  Bengali (Sylheti) [ ]  Bengali (standard / Dhaka) Other (please specify):  |
| Parents / carers will need to be able to discuss potentially complex topics. With that in mind, is an interpreter needed? [ ]  Yes [ ]  NoIf an interpreter is needed, for which language?If an interpreter is needed, for whom?[ ]  mother [ ]  father [ ]  other (please specify) |

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| **Section 4 – Attendance** |
| Which of the following support has the family already attended?[ ]  Learn and Connect [ ]  Play and Connect [ ]  Explore and Connect [ ]  Little Talkers, including the review session[ ]  Early Language workshop[ ]  Speech and language therapy (in clinic or at home) |
| If the parent / carer isn’t able to attend one of the groups listed above, please explain why. |
| If a referral is accepted, is the parent / carer able to attend at least 4 weekly sessions in standard working hours? [ ]  yes [ ]  no |

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| **Section 5 – Skills** |
| What strategies is the parent / carer using to support their child’s communication? |
| If the main concern is about pronunciation (the clarity of the child’s speech), please provide examples of the child’s speech below. |

Please attach this form to the SPA referral form and send them both to thgpcg.spa@nhs.net.

Thank you.