**Speech Language and Communication Needs Secondary Schools**

**Referral Form**

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| Name of young person: | | DoB:  Year group: | | School: | | |
| Name of referrer:  Referrer’s email address:  Referrer’s role in school: | | | Is the referral for a year 11 requiring support transitioning to further education?  Yes  No  If no, please ignore the question below.  Which educational setting or training provider is the young person moving on to after completing year 11? | | | |
| Any other professionals involved? | Does the young person have a medical diagnosis? | | | | What support is currently in place for the young person? (e.g. EHA, EHCP) | |
| What are your concerns regarding speech, language and communication? (Please tick the relevant areas of concern)  ☐ Speech  ☐ Stammering  ☐ Understanding spoken language  ☐ Expressing themselves using words and sentences  ☐ Social interaction  ☐ Remembering verbal information  Please describe the concerns you have identified above in further detail below (including other areas of need e.g. mental health, literacy): | | | | | | |
| What are your expected outcomes following this referral? | | | | | | Current Attainment:  English:  Maths:  Science: |
| What strategies have been tried already?  **Please attach any APDR documentation or list the strategies/approaches below:**   |  |  | | --- | --- | | Strategies/Approaches tried recently | Outcome or impact | |  |  | | | | | | | |

Letter to Parent/Guardian/Carer

Dear \_\_\_\_\_\_\_\_\_\_\_ ,

Your child is being referred to the Secondary School Speech, Language and Communication Needs Team who can provide support and advice to school about your child in relation to their language and learning. This team consists of Speech and Language Therapists (NHS) and Specialist Teachers (Council: SEND Specialist Services). Please complete the following information and provide your consent for this service’s involvement.

**Consent Form for Speech, Language and Communication Needs (SLCN) support**

Name of Parent/Main Carer with parental responsibility:

Child’s name:

Child’s date of birth:

Home address:

Telephone Number:

Email contact:

Additional comments from parent/carer/guardian to support the referral:

Any further comments from your child about the difficulties they experience and their current feelings about school:

I understand that the information I have provided will be shared with members of the SEND Specialist Service and Speech and Language Therapy.

I understand that SEND SS and Speech and Language Therapy work with different professionals from within the Health service *and* Cambridgeshire County Council (e.g. community paediatricians, GPs, Social Care, Education) and **may need to share or ask for information**,e.g. reports about the needs of my child and family.

I understand that this information and record of work will be stored electronically on the Cambridgeshire County Council and NHS system.

The Local Authority/NHS have the power to share information about families where there are concerns about the well-being of children and young people.

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| --- | --- | --- |
| I give permission for my child to be seen by the SLCN team in school:   **YES/NO**   I give permission for reports to be shared with relevant colleagues and for those colleagues to be asked for relevant information if they are also involved in supporting my child: **YES/NO** | | |
|  | Signature | Date |