

Child/Young Person's Details

Name:

CHI number:

Address:

Date of Birth:

Parent/Carer main contact details

Name:

Relation to child/young person:

Tel Number:

Email address:

Post Code:

Additional contact details (if required)

Name of Nursery/Early Years Centre/School
(and days/sessions attended):

Name:

Relation to child/young person:

Tel Number:

Email address:

Languages spoken at home:

Interpreter required? Yes/No

Speech and Language Therapists can work with families and professionals to support children/young people with their:

Language (understanding and talking), Speech (how well a child can be understood), Social Communication (how a child interacts and plays with others), Voice, Fluency (stammering), and Eating, Drinking and Swallowing.

Requests for assistance are best made by/with the person who is concerned. If you would like to discuss your request/concerns in more detail, please contact your local Speech and Language Therapist

Reasons for this request for assistance – please give as much detail as possible

What is your main concern?

What is the parent/carer/child/young person's main concern?

How is this affecting the child/young person at home?

What things have been tried already to support the child/young person at home?
Did any of these strategies help?

How is this affecting the child/young person in their educational setting?

What things have been tried already to support the child/young person in their educational setting?
Did any of these strategies help?

What support are you are hoping SLT can provide following this request for assistance?

Additional Information

Has the child/young person been highlighted to SLT before? Yes/No

Date of previous contact:

What has changed since the child/young person was last seen?

Any other useful information about the child/young person?

e.g. existing medical conditions/additional support needs/family history/social circumstances.

Are you requesting assistance from any other services at this time? If so, please give details.

Names of other professionals /support services involved:

Requester details and parent/carer consent

Name:

Address:

Job title:

Email address:

Date of request:

Contact number:

Do you have the **necessary** parent/carer consent to make this request for assistance? Yes/No

Please return this form to the Speech and Language Therapy Department at Newbattle Medical Practice, Blackcot, Mayfield, Dalkeith EH22 4AA or by secure email to: ChildrensSLTMidlothian@nhslothian.scot.nhs.uk.

We ask that you do not email your request for assistance forms from a 'midlothian.education' account, as these are not secure