

**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:

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

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 your local Speech and Language Therapy Department by secure email to: [loth.sltycypwlrequestforassist@nhs.scot](mailto:loth.sltycypwlrequestforassist@nhs.scot)

See [www.lets-talk.scot.nhs.uk/early-years-professionals/request-for-slt-assistance](http://www.lets-talk.scot.nhs.uk/early-years-professionals/request-for-slt-assistance) for local contact details for paper requests.