**Request for Assistance – Part 1**

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| Name of Person Being Referred:Male/Female (please circle) |
| Date of Birth: | CHI Number: |
| Address: | Postcode: |

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| Parent/Carer Details |
| Name/s: |
| Address (if different to above) |
| Home Phone: | Mobile Phone: |

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| Education Setting Details |
| ELCC/School: | Teacher/Key Worker: |
| Class: |
| Child’s Plan YES/NO (Please circle)*If YES, please attach the most recent child’s plan with request form.* | Support for Learning Teacher/Guidance Teacher/Other (as applicable): |

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| GP Details  |
| Name of GP Practice: | Name of GP: |
| Telephone: |

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| Health Visitor Details |  |
| Name of Health Visitor: | Address: |
| Telephone: |  |

**Request for Assistance – Part 2**

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| REASON FOR REQUEST |
| Please provide details of your concerns: |
| Specific examples of difficulties*Eg speech sounds, language difficulties, comprehension, stammering, social communication, eating/drinking* |  |
| Who is most concerned?*Eg Education staff, parent/carer, child, other* |  |
| What is the impact at home, school/ELCC, other places? |  |
| How would you rate the difficulty and impact? |
| Home |  1-10 Scale.png­­­­­­­­­­­­­­­­­­­­­­*No difficulty/impact Severe difficulty/impact* |
| Education setting |  1-10 Scale.png­­­­­­­­­­­­­­­­­­­­­­*No difficulty/impact Severe difficulty/impact* |
| Other*Please specify* |  1-10 Scale.png­­­­­­­­­­­­­­­­­­­­­­*No difficulty/impact Severe difficulty/impact* |

**Request for Assistance – Part 3**

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| ADDITIONAL INFORMATION |
| What has already been tried to help? How has that helped/not helped? |
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| Medical Information*Diagnoses, medication, investigations pending, previous health, relevant family medical history, hearing/vision* |
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| Other Relevant Information*Social/Family Circumstances, Adoption or Fostering, Additional Support Needs, Child Protection Processes, Contact details of any additional carers if relevant* |
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| Other professionals Involved*OT, Physio, Dietitian, Paediatrician, Social Work, Educational Psychology, Pupil Support Service, Audiology, Other* |
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**Request for Assistance – Part 4**

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| PARENT/CARER CONSENT*Parent/Carer consent is essential. Please confirm that consent has been obtained and the parent/carer is aware of the Request for Assistance content.* |
| YES | NO |
| Name of parent/carer giving consent: |

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| Signature and Designation of Person Making Request for Assistance: |
| Name: |
| Signature: |
| Designation/Role: |
| Date: |
| Contact Details: |

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| PLEASE NOTE |
| * We have an open referral system. Anyone is welcome to make a request for assistance to the service
* Please complete all sections. Incomplete forms will be returned.
* You may be contacted for more information to help decision-making and planning a response to your request
* You will be copied into initial appointment letters and other relevant correspondence
* Please contact the Speech and Language Therapy Team if you require help completing the form
* You are welcome to complete the form on paper or electronically. Please contact the SLT Team if you require additional copies of the form (paper or electronic)
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| RETURNING THE REQUEST FOR ASSISTANCE & SPEECH AND LANGUAGE THERAPY CONTACT DETAILS |
| Email: ork.speechandlanguagetherapy@nhs.scotAddress: Speech and Language Therapy Department, The Balfour, Forelands Road, Kirkwall KW15 1NZPhone: 01856 888239 (direct)*We moved to the new Hospital and Healthcare Facility in June 2019* |