**Request for Assistance – Part 1**

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

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

|  |  |
| --- | --- |
| 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): |

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

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

**Request for Assistance – Part 2**

|  |  |  |
| --- | --- | --- |
| 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**

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

**Request for Assistance – Part 4**

|  |  |
| --- | --- |
| 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: | |

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

|  |
| --- |
| 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) |

|  |
| --- |
| RETURNING THE REQUEST FOR ASSISTANCE & SPEECH AND LANGUAGE THERAPY CONTACT DETAILS |
| Email: ork.speechandlanguagetherapy@nhs.scot  Address: Speech and Language Therapy Department, The Balfour, Forelands Road, Kirkwall KW15 1NZ  Phone: 01856 888239 (direct)  *We moved to the new Hospital and Healthcare Facility in June 2019* |