**Speech & Language Therapy – Information Gathering Form**

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| **Child’s Name:**  | **Childs D.O.B:**  |
| **Child’s NHS No:**   | **School:**  |
| **Form completed by:** |
| **Designation:** | **Date completed:** |
| **Has your child had speech and language therapy previously?** If so, please give any details available and attach the last report.Yes 🞎 No 🞎 |
| **What are the main concerns for this child?**Understanding 🞎 Talking in sentences 🞎 Limited vocabulary 🞎 Speech ClarityStammer 🞎 Other 🞎 |
| **Are there any associated concerns in relation to:**Social interaction 🞎 Hearing 🞎 Play 🞎 Behaviour 🞎 |
| **Describe the speech and language difficulties in detail, including why you are requesting a speech and language therapy assessment:** |
| **Are there any concerns in any other areas of your child’s development?** If so please describe.  |
| **At present, how are the difficulties impacting on their ability to communicate in everyday situations?**At home:At pre-school / school: |
| **At present, how do the difficulties impact on their ability to talk / get along with / interact / play with other children and adults?** |
| **At present, how often is your child becoming frustrated, angry or withdrawn because of their communication difficulties?**never 🞎 sometimes 🞎 a lot 🞎 all the time 🞎please comment: |

**Thank you for taking the time to complete this information gathering form.**

Please return via email ASAP to:

**CFHD.DevonSPA@nhs.net**

Or via post to:

Single Point of Access

1a Capital Court

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