



**SPEECH AND LANGUAGE THERAPY RE-ACCESS REQUEST**

*Please complete and return this form the Children Speech and Language Therapy Service, if your child has accessed a language therapy package in the last 6-9 months, intervention has been implemented at home/ in setting and further support is required following this.*

<b>Name of Child/YP:</b>	<b>D.O.B:</b>	<b>Age:</b>	<b>NHS No:</b>
<b>GP:</b>	<b>School/Nursery Setting:</b>		<b>Date of request:</b>
<b>Social Worker/Early Help: Yes/No</b>	<b>Name/Base of Social Worker:</b>		<b>Does the child have an EHCP: Yes/No</b>

**Recommendations must have been carried out, as advised by the Speech and Language Therapist/Assistant.**

**Details of person completing this form:**

Please detail support carried out since last contact including frequency and timescale, and progress made (*settings must attach relevant information*): .....

.....

.....

.....

Name:..... Relationship to the child:.....

Date:.....

**Has parent/carer agreed for this request to re-access the Speech and Language Therapy Service: YES/NO**

This form can be found on our website [www.coventrychildrensllt.co.uk](http://www.coventrychildrensllt.co.uk) and be posted to: Children's Speech and Language Therapy Service, Wayside House, Wilson's Lane, Coventry, CV6 6NY

