

SPEECH AND LANGUAGE THERAPY FURTHER SUPPORT REQUEST

To request further support for your child from the Children’s Speech and Language Therapy Service, please:

- complete this form if it is **6-12 months** since your child’s therapy finished
- complete a new referral form if it is more than **12 months** since your child’s therapy finished (available on www.coventrychildrensslt.co.uk . Click on “About Us” and then “Referral”)

Name of Child/Young Person:		D.O.B:	NHS No:
GP:	School/Nursery Setting:		Date of request:
Social Worker/Early Help: Yes/No	Name/Base of Social Worker:		Does the child have an EHCP: Yes/No
Please tell us about the activities you have been doing with your child since their last therapy appointment (including how often and the progress made) and the concerns you still have:			
Details of person completing this form: Name: _____ Relationship to the child: _____ Date: _____ Telephone Number: _____			

Has parent/carer agreed for this request for further support from the Children’s Speech and Language Therapy Service: YES/NO

Please send this form to: Children’s Speech and Language Therapy Service, Wayside House, Wilson’s Lane, Coventry, CV6 6NY

OR email to: referrals.ChildrensPhysicalHealth@covwarkpt.nhs.uk

Dianne Whitfield – Acting Chair
Mel Coombes - Chief Executive

