



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.

Table with 3 columns: Name of Child/YP, D.O.B, Age, NHS No; GP, School/Nursery Setting, Date of request; Social Worker/Early Help, Name/Base of Social Worker, Does the child have an EHCP.

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.coventrychildrensslt.co.uk and be posted to: Children's Speech and Language Therapy Service, Wayside House, Wilson's Lane, Coventry, CV6 6NY OR emailed to: referrals.ChildrensPhysicalHealth@covwarkpt.nhs.uk

