**Request for the Home Talk Service**

**for a child aged 2 years to 2 years 6 months old**

**Available for children who live in Aspley, Bulwell, Hyson Green & Arboretum**

**Please read the Home Talk Factsheet for more information, including referral criteria:** [**https://www.smallstepsbigchanges.org.uk/knowledge-hub/our-projects/home-talk-overview**](https://www.smallstepsbigchanges.org.uk/knowledge-hub/our-projects/home-talk-overview)

Email this form password-protected to [L4L@nottshc.nhs.uk](mailto:L4L@nottshc.nhs.uk) then text the password to us on 07788 386264. Or post it to Early Intervention Speech and Language Team, Ashfield Health and Wellbeing Centre, Portland Street, Kirkby in Ashfield Notts NG17 7AE

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| **Today’s date** |  |
| **Child’s name** |  |
| **Date of birth** |  |
| **Name of parent/carer(s)** |  |
| **Home address and postcode**  **(Confirm this is an SSBC post code)** |  |
| **Ethnicity** *(we use this information to monitor how well we reach all children who need our services)* |  |
| **Parent/carer’s phone number and email address** |  |
| **All language(s) spoken at home** |  |
| **Referrer’s name and organisation (can be parent/carer)** |  |
| **Referrer’s phone number and email address** |  |
| **Nursery / childminder / other early years setting (if relevant)** |  |
| **SSBC Family Mentor (if you have one)** |  |
| **Any other professionals working with the child** |  |
| **Consent for referral**  Please sign to give consent for this referral.  A professional can sign on behalf of the parent/carer when they have given verbal consent for the referral and for you to sign on their behalf. | I understand that the person working with my child will:  1) keep information on paper/computer  2) share information with others who are working with him/her to support my child.  Parent/carer signature: |
| **Your observations and assessment** | |
| **Play skills**  What does the child like to play with?  Give examples of favourite toys/activities and types of play |  |
| **Attention and listening skills**  For how long does the child usually pay attention to an activity?  How does he/she respond when you say his/her name?  What helps him/her switch attention from one thing to another? |  |
| **Social skills**  How does he/she interact with adults?  How does he/she interact with other children? |  |
| **Understanding spoken language**  How much of what *you* say does he/she understand?  What kinds of sentences and instructions does he/she understand? |  |
| **Speaking**  Please give examples of words and sounds he/she says |  |

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