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**“Talking Out” Residential Course for children who stammer**

**Referral Form**

**(to be completed by local SLT)**

**Date: Sunday 16th February – Friday 21st February 2020**

**Venue: Bewerley Park Outdoor Education Centre, Pateley Bridge, North Yorkshire, HG3**

**5JB**

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| --- | --- | --- | --- |
| **Name** |  | **Dob** |  |
| **Address** |  |
| **Contact Tel (home)** |  | **Contact Tel (Mob)** |  |
| **Parent / guardian email address** |  |
| **Name of parent/guardian** |  |
| **Name and address of school** |  |
| **School Year** |  |

|  |  |
| --- | --- |
| **Client Information** | **✓/ X** |
| Has the client attended a Talking Out Residential previously? |  |
| Any learning/ behavioural/social difficulties the child has would not prevent him / her or others from being able to work in a group of 10 children.  |  |

**Referral Information**

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| --- |
| **Please provide a brief description of child’s current strengths and needs in relation to their stammer including reactions stammering e.g. feelings, thoughts, avoidance etc.** |
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| **Please provide a brief history of previous therapy input and outcomes.** |
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| **Please indicate why you feel the “Talking Out” course will benefit this child & how it will add to the SLT input already provided** |
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| **Please detail any further information which you feel the panel should be aware of when considering this client for a place on the course.** |
|  |

**Name of referring SLT:**

**Address of referring SLT (in full):**

**E-mail address:**

**Telephone number:**

**Name of NHs Trust / setting:**

**Referral Declaration**

|  |  |
| --- | --- |
| **I have discussed the following with the client and parents** | **✓** |
| a named person can collect their child during the week should any problems arise. |  |
| Child and parent/ carer can attend a pre-group meeting in Leeds in September (date TBC) to complete assessments & meet others involved in the course. |  |
| Child and parent/ carer can attend a post-group meeting 3 months after the residential, and a full day meeting at the Outdoor Centre 6 months after the residential programme. |  |

**Thank you for completing this form. Please return to us by post or e-mail to:**

**Talking Out Ltd**

**6 De Ferrieres Avenue**

**Harrogate**

**North Yorkshire**

**HG1 2AR**

**admin@talkingoutresidential.com**

**Forms to reach us by 3rd January 2020.**