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

**Referral Form**

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

**Date: Sunday 27th October – Friday 1st November 2019**

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

**5JB**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Dob** | | |  |
| **NHS No** |  | | | | | | |
| **Address** |  | | | | | | |
| **Contact Tel (home)** |  | | **Contact Tel (Mob)** | |  | | |
| **Name of parent/guardian** |  | | | | | | |
| **Name and address of school** |  | | | | | | |
| **School Year** |  | | | | | | |
| **Area (please circle)** | Yorkshire & Humber |  | Other (please specify) | | |  | |

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| --- | --- |
| **Background Information** | √ **/ X** |
| * 12 – 16yrs of age on October 27th 2019 (12 Year olds to be in Yr 8) |  |
| * Significant identified difficulties about speaking & feelings towards stammering. |  |
| * Previous therapy has involved identification & fluency modification |  |
| * Has not attended a residential course in the past |  |
| * Any learning/ behavioural difficulties the child has *would not* prevent him / her or others from being able to work in a group of 10 children. |  |
| * 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 in Leeds 3 months and at the Outdoor Education Centre 6 months after the residential programme. |  |

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| **Please provide a brief description of child’s current strengths and needs in relation to their stammer** |
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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:**

**PCT:**

**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 13th September 2019.**