

"Talking Out" Residential Course for children who stammer Referral Form (to be completed by local SLT)

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

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.

TBC) to complete assessments & meet others involved in the course.

Outdoor Education Centre 6 months after the residential programme.

• Child and parent/ carer can attend a pre-group meeting in Leeds in September (date

• Child and parent/ carer can attend a post-group meeting in Leeds 3 months and at the

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

5JB

| Name | | | | Dob | | | |
|---|-------------------------------------|-----------|--------------------|---------|----------|------|-------------|
| NHS No | | | | | | | |
| Address | | | | | | | |
| Contact Tel (home) | | | ontact Tel Mob) | | | | |
| Name of parent/guardian Name and address of school | | | | | | | |
| School Year | | | | | | | |
| Area (please circle) | Yorkshire & Humber | C | Other (please spec | ify) | | _ | |
| Criteria met | | | | | | | √/ X |
| • 12 – 16yrs of age of | on October 27 th 2019 (1 | 12 Year | olds to be in | Yr 8) | | | |
| Significant identifie | ed difficulties about spea | aking & t | feelings towa | rds sta | ammerin | ıg. | |
| Previous therapy h | as involved identification | on & flue | ncy modifica | tion | | | |
| Has not attended a | a residential course in the | he past | | | | | |
| Any learning/ beha | vioural difficulties the c | hild has | would not pr | event l | nim / he | r or | |

| 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. |
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| 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 |

admin@talkingoutresidential.com

Harrogate

HG1 2AR

North Yorkshire

Forms to reach us by 6th September 2019.