Request for ‘Let’s Get Talking’ Sessions

**Let’s Get Talking** is a parent and child interaction group designed by Speech and Language Therapists and based around the ‘**5 Golden Rules of Communication**’. The 6 sessions are currently delivered face to face. The group focuses on supporting parents with ways to interact with their children to make the most of opportunities to communicate within their daily routines and play.

These sessions are appropriate for the families of children who have been identified from the [Bolton Early Years Integrated Communication and Language Pathway](https://www.boltonstartwell.org.uk/homepage/20/bolton-early-years-integrated-communication-and-language-pathway) as needing ‘[Extra Help’](https://www.boltonstartwell.org.uk/resources/every-child/2?documentId=17&categoryId=7) **after the completion of a WellComm screen**.

Please discuss with the family the reason for the request and commitment needed for the 6 sessions before sending the form into the Early Years Communication and Language Development Service (EYCLDS) via [EYCLDS@bolton.gov.uk](mailto:EYCLDS@bolton.gov.uk)

**Has the child already been referred to Speech and Language for support?**

Yes\* or No: (Please highlight)

\*If yes, then ‘Let’s Get Talking’ is **not** suitable for this child.

N.B. If you have a child presenting with more significant communication and language difficulties (e.g., scoring Red on the WellComm screen 2 sections below their chronological age section) please contact the EYCLDS by telephone on 01204 338349/338182. The team will then be able to advise further in terms of the most suitable input.

**Required information**

|  |  |
| --- | --- |
| Child’s name: | Child’s DOB: |
| Parent’s name: | Parent’s contact details: |
| Post code: | Name of referrer: |
| Name of Setting/Public Health Nurse: | Referrer contact details: |
| Brief description of reason for request: | |

**WellComm assessment scores - please complete all relevant sections below**

Date of screen: Age in months at time of screen: Review Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Score out of 10 | Red/Amber/Green | Any Comments |
| 8 |  |  |  |
| 7 |  |  |  |
| 6 |  |  |  |
| 5 |  |  |  |
| 4 |  |  |  |
| 3 |  |  |  |
| 2 |  |  |  |
| 1 |  |  |  |

Are the family aware of this request and are they prepared to support their child’s communication skills by adapting their own interaction styles? Y/ N