

Sunderland Family Hub Super Communicator Referral Form (2025)

\***Each referral will be triaged. The family will then be offered the most appropriate session on the information supplied)**

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| Referrers name: Job title and agency: Contact numberEmail address:  |

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| Parent/Carers name: Address: Postcode: Telephone number: Email address: Ethnicity:  |

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| --- | --- | --- |
| Child’s name: | Date of birth/Premature? | Additional needs/disabilities:  |
|  |  |  |

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| --- | --- |
| Allocated Professionals | Email address |
| Health Visitor –  |  |
| Speech and Language Referral |  Yes/ No |
| Nursery/School –  |  |
| Paediatric referral |  Yes/ No |

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| Session | Description  |  (Please tick required session) |
| **Super communicator session**(18 month-3yrs) | 6 weeks termly programme- Early language session learning through play for 18 months to 3 yrs. |  |
| **Makaton**(6 months- 4yrs) | 6-week programme providing a visual aid that can help babies and children understand the meaning of words and phrases.6 months- 4yrs |  |

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* Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verbal Consent Provided: Yes / No
* Consent to Share Information: Yes / No
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Referrer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed forms to: Claire.mcgowan@togetherforchildren.org.uk

