



Tel : 0121 612 2345

Children's Therapies Department  
The Lyng Centre  
2nd Floor  
Frank Fisher Way  
West Bromwich

## Speech & Language Therapy Report /Targets for

Name:      DOB:      Age:

School:      NHS NO:

SLT Name:      Date of report:

Speech & Language Therapist	
-----------------------------	--

Diagnosis
-----------

Child/Parent Goals
--------------------

Background
------------

<b>What are the child's current speech, language and communication skills?</b>
--

Attention & Listening:

Play:

Understanding of Language:

Use of Language:

Interaction/Social Skills:

Speech sounds:



How to communicate with me

What are the child's current needs?	What is the expected outcome?	What is the provision? (How/ where/ who/ how often?)
		This programme will be reviewed 6 monthly by a Speech and Language Therapist (this provision applies for all needs and outcomes detailed in this report).

#### PREVIOUS TARGETS

Short term aims	Outcome at review

Signed: (SLT)

Copies: Parent

School

Other

File S1

Designated Medical Officer for SEND: Dr D Gandhi.

NHS No:

NAME:

DOB:

THERAPIST:

DATE OF REPORT:

DESIGNATED MEDICAL OFFICER FOR SEND: DR D GANDHI