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Parents of XXX

**RE: XXX DOB: XXX Assessment Date: XXX**  
**Diagnosis: XXX**  
**School: XXX**

### **1. Introduction and reason for involvement**

*C&D Independent Speech & Language Therapy has been asked to assess XXX in order to provide a report detailing his/her current levels and recommendations with regards to appropriate provision to meet his/her needs as part of the Education, Health and Care (EHC) assessment. The advice written should be read alongside other documents and information provided by those involved in XXX's case.*

### **2. Summary of involvement**

*Length of time/frequency*

*Type of involvement (direct/indirect/training etc)*

### **3. Relevant background information**

*Diagnosis*

*General needs*

*NHS/other support*

#### **4. Assessment**

*What assessments were carried out?*

*List sources of information, including names and roles of individuals, setting and date, as appropriate.*

#### **5. Findings**

*Including strengths and needs, implications, tables/scores as appropriate.*

*Attention & Listening:*

*Play:*

*Understanding of Language:*

*Use of Language:*

*Speech:*

*Social Communication:*

*Other:*

#### **6. Summary of Needs**

*As they are at the time of assessment, providing a clear baseline for outcomes in Section 7.*

*a) Strengths & achievements:*

*b) Special Educational Needs:*

#### **7. Related Outcomes**

*Long-term, reflecting needs in section 6.*

*Example - Whilst the outcomes and provision will be agreed in consultation with the other professionals involved, X's parent and X, it is envisaged that the outcomes will relate to:*

- 1.
2. *[Example - X will develop her receptive language skills so that she is able to understand instructions that contain 3 key words and concepts of colour, shape and size]*
- 3.

#### **7. Related Provision**

*What is needed to support X to achieve outcomes above, including how, how often/when, and by who.*

*Example - X will require individual/small group sessions of 30 minutes a week in school, focusing on developing her functional verbal comprehension and expressive skills: Sessions will need to be planned by the Speech and Language Therapist (SLT), and delivered by SLT/SLT Assistant/Teaching Assistant (TA). The SLT*

*Programme will run for 12 months in the first instance and then be evaluated at the Annual Review.*

**Statement of truth:**

*I confirm that insofar as the facts stated in my report are within my own knowledge I have made it clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.*

*Please do not hesitate to contact us on the number above if you have any concerns or queries about this report.*

*Yours sincerely*

*Speech & Language Therapist*