10 Ocean Avenue, Woonona NSW 2517
5/181 Maroubra Road, Maroubra NSW 2035

NDIS Speech Pathology Referral

For plan managers, support coordinators and families

Thank you for referring to Sea S.A.L.T. Kids. We support children and young people aged 0–18 with speech, language, AAC and feeding (FEDS). Please complete both pages and email to **info@seasaltspeechpathology.com**.

Please note: we are not a registered NDIS provider, so we can only accept **plan-managed** and **self-managed** participants (not NDIA-managed). Fees are charged in line with the NDIS Pricing Arrangements and Price Limits.

1 Participant details

Participant full name

Date of birth

NDIS number

Home address / suburb

Plan start date

Plan end date

Parent / carer / nominee name

Phone

Email

Interpreter needed? ☐ No ☐ Yes, language:

2 Plan management and funding

Plan is: ☐ Plan-managed ☐ Self-managed

Plan manager organisation

Plan manager contact name

Plan manager phone

Email for invoices

Funding available for speech pathology ($)

Funding category / budget, as listed in the plan

NDIS plan goals that speech pathology will support

3 Reason for referral

Areas of concern (tick all that apply):

☐ Speech / clarity
☐ Understanding or using language
☐ AAC (communication devices)
☐ Stuttering / fluency
☐ Social communication
☐ Feeding, eating, drinking, swallowing
☐ Literacy
☐ Voice
☐ Other:

Diagnosis or diagnoses (if known)

Main concerns and reason for referral

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NDIS Speech Pathology Referral (continued)

4 Services requested

- ☐ Assessment and report
- ☐ Ongoing therapy
- ☐ AAC assessment / trial
- ☐ Feeding therapy (FEDS)
- ☐ Progress or plan review report
- ☐ Parent / educator training

Preferred location (tick all that suit):

- ☐ Maroubra clinic
- ☐ Woonona clinic
- ☐ Home / school / day care visits
- ☐ Telehealth

Availability (days and times that suit the family)

Other supports involved (e.g. OT, psychology, behaviour support, school)

5 Support coordinator (if any)

Name | Organisation | Phone or email

6 Referrer and consent

Referrer name | Organisation | Role

Phone | Email

☐ The participant, or their parent / nominee, consents to this referral and to Sea S.A.L.T. Kids contacting them, the plan manager and the support coordinator about their supports.

Signature (electronic accepted) | Date

What happens next

1 We contact the family
We'll call to talk through their goals and book a first appointment.

2 Service agreement
We send a service agreement covering our fees for the participant or nominee to sign.

3 Invoices
Invoices go to the plan manager above, or to the family if self-managed.

4 Reports
We provide progress and plan review reports as agreed.