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# REQUEST FOR ADVICE ON COMMUNICATION DIFFICULTIES AND ASSISTIVE TECHNOLOGY

A request has been made to CENMAC to carry out an assessment on the following pupil. **This is a general form – please fill in as many details as possible.**  It will help us with our assessment.

The pupil’s parent(s)/carer(s) must be informed of this referral and that an assessment may take place; all involved professionals should be made aware of this referral.

When returning this form please include the following:

* A copy of the pupil’s Individual Education Programme (IEP)
* A copy of the Occupational Therapist’s and/or Speech & Language Therapist’s report if available
* A copy of any Hearing or Visual impairment reports if appropriate
* An example of how the pupil currently records text (handwriting/drawing) indicating whether from copy or free writing and approximate time taken

**Please note** This form should be completed as fully as possible as it forms part of the request to the LA for funding for the assessment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil’s Name | | | Gender | **DOB** | **Year (N-13)** |
|  | | |  |  |  |
| Home Address |  | | | | |
| Postcode |  | Tel No |  | | |
| Parent/Carer |  | | | | |
| Home Borough |  | Does the pupil have a Statement/EHCP? | | | |
| Registered Disabled? If yes please give registration no: | | | | | |
|  |  |  |  | | |
| **School** |  | | | | |
| Address inc Postcode |  | | | | |
| LA |  | e-mail |  | | |
| Tel No |  | Fax No |  | | |
| Contact/SENCO |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Health and Safety** |  |  |
| Are there are any Health and Safety issues that we should be aware of? *For example are you aware of any infectious diseases that may be harmful to a pregnant woman?* | | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other agencies involved? | | | | | |
| Agency |  | | | | |
| Contact Name |  | | | Email/  Tel No |  |
| Agency |  | | |  |  |
| Contact Name |  | | | Email/  Tel No |  |
| Agency |  | | | | |
| Contact Name |  | | | Email/  Tel No |  |
| Copies of any reports which state that this pupil has handwriting difficulties due to a **physical disability** should be included with this application | | | | | |
|  | | | | | |
| Has the pupil a **Statement** of SEN / **EHCP**? | | | | | |
| Has the pupil been, or will the pupil be, assessed for writing aids/access devices at any other centre.  If so, where and when? | | | | | |
| Give details of the pupil’s physical or neurological impairment and how it affects their school day with particular regard to written communication | | | | | |
| Does the pupil use a wheelchair to move around school? | | | | | |
| What support is already in place to follow up the recommendations following this assessment? | | | | | |
| Written Communication | | | | | |
| If the pupil needs to use a computer/keyboard for writing, do they have any problems with access? Please describe how they access the keyboard e.g. one or more fingers | | | | | |
| If the pupil needs to use a switch tell us what access the pupil has already tried | | | | | |
| What software is the pupil using? | | | | | |
| What software has already been tried? | | | | | |
|  | | | | | |
| Alternative Access | | | | | |
| Describe how the pupil currently indicates his/her needs? (Tick whichever applies)  Through speech:  Through signing:  Through a communication board/book: Picture:  Symbol:  Word:  Give a short description  Inappropriate question | | | | | |
| Does the pupil use a speech aid? (If so please name this) | | | | | |
| Who co-ordinates his/her present communication systems? | | | | | |
| How does the pupil indicate: ‘Yes’  ‘No’ | | | | | |
| Other Information | | | | | |
| What are the pupil’s latest achievement levels – National Curriculum or P levels?  *Please add any other statistics that may be relevant.*  Please include any evidence of work done so far that would support this referral | | | | | |
| Which computers, peripherals, switch and other low-tech aids are being used in the school already? | | | | | |
| What would you and any other professionals and the parents like to see come out of this assessment? | | | | | |
| Any other information you feel is relevant | | | | | |
|  | | | | | |
| **Headteacher’s Name** | |  | | | |
| Signature | |  | | | |
| Date | |  | | | |
|  | | | | | |
| **When you have completed this form please return it, with supporting evidence, to:** | | | | | |
| Support Services  CENMAC  Charlton Park Academy  Charlton Park Road  London  SE7 8JB | | | **You can contact CENMAC on:**  Tel: 020 8854 1019  Fax: 020 8854 1143  e-mail: mail@cenmac.com | | |

**This application form is by no means conclusive.** It is designed to give us a general picture of the pupil you have referred to CENMAC.