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[**ABOUT - CENMAC**](https://cenmac.com/about/)

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| **FORM ONE** | **Referral for advice on Assistive Technology (AT) for Learning** |

CENMAC provides a person-centred service and uses the SETT framework as an holistic approach for assessing students’ needs. [Read more about the assessments here](https://cenmac.com/referrals/assessments/).

Form one covers the main areas of the SETT framework: Student, Environment, Tasks and Tools.

Key to the implementation of assistive technology is the upskilling of the team around the child/young person. It is therefore important you can identify those who can make a commitment to supporting the use of any assistive technology.

***Please ensure the child/young person’s parent(s)/carer(s) and any other professionals involved are informed of this referral and that an assessment may take place.***

If appropriate, please complete the first five questions below with the child/young person. We have created some [visual resources](https://cenmac.com/wp-content/uploads/2022/11/visuals-to-support-student-questions.pdf) to support which can be downloaded from our website. This online booklet can be used to tell the child/young person about the service – [A guide when CENMAC comes to visit](https://cenmac.com/pupils/can-cenmac-help/).

**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. Please complete all sections.

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| **What would you ideally like the outcomes of this referral to be?** |
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**FORM ONE - SECTION ONE - STUDENT**

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| --- | --- | --- | --- | --- | --- | --- |
| Child or young person’s name | | | Gender | **DOB** | **Year**  **(N-13)** | |
| First Name:  Surname: | | |  |  |  | |
| Home Address: |  | | | | | |
| Postcode: |  | Tel No: |  | | | |
| Parent/Carer Name: |  | | | | | |
| Contact Email: |  | | | | | |
| Home Language: |  | | | | | |
| Home Borough: |  | Does the pupil have an EHCP? | | Yes | | No |
| Local Authority EHCP Coordinator  **at the Local Authority**  Name |  | Local Authority EHCP Coordinator Email address/Telephone | |  | | |

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| Please complete the below 5 questions with or on behalf of the child or young person | |
| What are your strengths? |  |
| What are your interests? |  |
| What helps you to learn? |  |
| What do you avoid? |  |
| What do you find motivating? |  |

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| Medical diagnoses |  |
| Physical – gross and fine motor skills |  |
| Mobility – Wheelchair user? |  |
| Sensory – Vision |  |
| Sensory – Hearing |  |
| Sensory – Diet/needs? |  |
| Medication which may impact wellbeing? |  |

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| Give details of the child/young person's physical or neurological ability and how it affects their school day and learning |  |
| Give details of the child/young person’s communication skills  For example - can follow 1-word, 2-word, short complex commands, follow group conversation  Any use of visual support? |  |
| Achievement levels –  Reading, writing and maths |  |
| Cognitive function – memory, attention, reasoning, processing |  |

**PART ONE - SECTION TWO – ENVIRONMENT**

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| **School** |  | **Any specialism** |  |
| Address  Postcode |  | Is parking available? |  |
| LA |  | | |
| Email |  | | |
| Tel No |  | | |
| Website |  | | |
| Contact/SENCO |  | | |
| Contact/School Technician |  | | |
| What platform does the school use? Google, Microsoft? |  | | |
| What technology is currently available at school? |  | | |
| What technology is currently available at home? |  | | |
| Who could be the possible lead for assistive technology and link with CENMAC? |  | | |

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| Please state level of teaching assistant input, one-to-one, part time?  Class size and support available? |  |
| How would the teaching team rate their confidence with technology? Give a rating from 0 to 5, with 0 being complete beginners and 5 being experts. |  |
| Does the child/young person move around the school for lessons? |  |

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| What support is already in place to follow up the recommendations from this assessment? |
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| Other agencies involved? Team around the child/young person | | | |
| Agency |  | | |
| Contact Name |  | Email/  Tel No |  |
| Level of contact (weekly? Termly?) |  |  |  |
| Days/times worked |  |  |  |
| Agency |  |  |  |
| Contact Name |  | Email/  Tel No |  |
| Level of contact (weekly? Termly?) |  | | |
| Days/times worked |  | | |
| Agency |  | | |
| Contact Name |  | Email/  Tel No |  |
| Level of contact (weekly? Termly?) |  | | |
| Days/times worked |  | | |
| Please include related reports and documents – see document checklist (below) | | | |

**PART ONE - SECTION THREE – TASKS AND TOOLS**

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| What would be the key objectives you would hope could be addressed with assistive technology?  (This may include objectives from EHCP) |
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| Objectives from any other professionals (SaLT, OT, QTVI) |
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| Does the child or young person currently use a computer and/or switches? |  |
| Any software or apps currently used? |  |
| If the child or young person 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? |  |
| Does the child or young person have difficulties with writing? |  |
| Does the child or young person access home learning without support? |  |
| Do you have any technology in mind? Has anything been tried? |  |

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| **Health and Safety** |
| Are there are any Health and Safety issues that we should be aware of? |
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| **DOCUMENT CHECKLIST**  (Please ensure the following documents are included with the form as appropriate) | |
| EHCP |  |
| Child/young person photo |  |
| Optional video sample – communication |  |
| Occupational Therapist’s report |  |
| Speech & Language Therapist’s report |  |
| Hearing or Vision 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 |  |
| A copy of the pupil’s Individual Education Programme (IEP) current progress levels |  |

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| Is the child/young person aware of the referral? | yes no |
| Is the family aware of the referral? | yes no |
| Is the head teacher aware of the referral? | yes no |
| Are the other professional involved aware of the referral? | yes no |

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| **When you have completed this form please return it, with supporting evidence, to:**  [**CAD5to19@havering.gov.uk**](mailto:CAD5to19@havering.gov.uk) |

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| Person completing the form  Role/title |  |
| Signature |  |
| Date |  |

For information Data protection statement - [link to policy on website](https://cenmac.com/data-protection-policy/).