Please return completed form to: Special Education Service, 5th Floor, York House, 91 Granby Street, Leicester. LE16FB

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| **Request for Assistive Technology Assessment****LCC(School Age Pupil)** | Office Use OnlyAssigned to: |
| **Pupil name:**  | Date of Birth:  |
| Name of person making referral:  |
| Contact number or Email (whichever you prefer):  | Role: |
| Name of Parent/Carer:  Parents aware of referral? Yes No | School:  |
| Parent/Carer address: Postcode: Tel:  | School address: Post Code: Tel:  |
| Date of Statement: | Date of Annual Review: | Is referral for SEN micro technology included on statement? |
| Nature of SEN (please give details, especially method(s) of communication): |
|  **Other Agents:** (If supporting evidence provided by this agent please also tick box and attach) |
| Educational Psychologist:Tel: | Specialist Health Visitor:Tel: |
| School Medical Officer:Tel: | Language & Communication Therapist:Tel: |
| Physiotherapist:Tel: | Visual Impairment Teacher:Tel: |
| Occupational Therapist:Tel: | Hearing Impairment Teacher:Tel: |
| Class Teacher: | SENCO: |
| Detail about the pupil for targeting assessment |
| Does the pupil use a wheelchair? | If electric, type of control |
| Present method(s) of recording/writing: Right or Left Handed?  |
| Details of software and computers used by the pupil at school (if not used currently, provide detail of general school system): |
| If a computer is used, how is it operated? |
| Does the pupil use a communication device? Please specify |
| Has the pupil been assessed at any other centre? If yes, give details: |
| Please supply any appropriate detail of level of achievement (eg NC levels in reading, writing and spelling, p levels, etc) |
| **What have you tried and what were the outcomes? Is micro technology available in the classroom?** |
| **What would you like the pupil to gain from this assessment?** |
| **What else does the assessment team need to know, that may affect the assessment?** |

LCC SEN ATA REFERRAL 04/12