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 Only  Assigned 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