**School’s request for CENMAC referral**

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| --- | --- | --- | --- | --- |
| School |  | | Year group |  |
| Name & address  of child |  | | DOB |  |
| Date started at current school |  | |  | |
| EHCP/Statement? | Yes/No | If yes, date last amended | If no, reason for referral | |
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| Area of need | Intended outcome | Advice/recommendations from other professional(s)  (written evidence required) |
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| Current provision | How long | How often | Impact [+/-] |
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|  |  |  |  |
| Any other comments about your provision | | | |
| What are you hoping for CENMAC to provide that is not currently available from the school’s own resources? ( **Advice** re hardware/software, **training** re hardware/software, **hardware loan**, **software** **loan**, any other provision) | | | |
| **Please attach your CENMAC referral to this. If agreed the LA will forward the referral to CENMAC (within the next 10 days).** | | | |