

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

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

CENMAC provides a person-centred service and uses the SETT framework as a 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 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.

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

**FORM ONE - SECTION ONE - STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
| EHCP Coordinator Name |  | EHCP Coordinator Email address/Telephone |  |

|  |
| --- |
| If Appropriate, please complete the below 5 questions with 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?  |  |

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

|  |  |
| --- | --- |
| 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 one word, 2-word, short complex commands, follow group conversationany use of visual support |  |
| Achievement levels – Reading, writing and maths |  |
| Cognitive function – memory, attention, reasoning, processing  |  |

**PART ONE - SECTION TWO – ENVIRONMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  |

|  |  |
| --- | --- |
| 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? |  |
| Does the child/young person move around the school for lessons?  |  |

|  |
| --- |
| What support is already in place to follow up the recommendations from this assessment? |
|  |

|  |
| --- |
| 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**

|  |
| --- |
| What would be the key objectives you would hope could be addressed with assistive technology?(This may include objectives from EHCP)  |
|  |
| Objectives from any other professionals (SaLT, OT, QTVI) |
|  |

|  |  |
| --- | --- |
| 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? |  |

|  |
| --- |
| **Health and Safety** |
| Are there are any Health and Safety issues that we should be aware of?  |
|  |

|  |
| --- |
| **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 |  |

|  |  |
| --- | --- |
| 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 |

|  |
| --- |
| **When you have completed this form please return it, with supporting evidence, to:** cenmac@southwark.gov.uk  |
|  |  |

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

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