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

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| **FORM ONE** | Referral for advice on Assistive Technology for Learning |
| **FORM TWO** | Additional Referral form for Communication |

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 of the referral form covers the main areas of the SETT framework: Student, Environment, Tasks and Tools. Form two covers part of the AAC (augmentative and alternative communication) framework.

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.

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| **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 | |  | | |

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| 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? |  |

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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 one 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? |  |
| 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) |
|  |
| 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:**  [cenmac@southwark.gov.uk](mailto:cenmac@southwark.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/).

Please continue to part two if you are making a specific referral for communication.

**FORM TWO – ADDITIONAL REFERRAL FORM FOR COMMUNICATION**

This section will enable us to better prepare for a visit and assessment. It would be beneficial to complete with someone who knows the child/young person well.

The Adapted Ability Level Continuum forms part of the AAC framework we use for assessment. If you would like the definitions used explain in more detail or would like assistance to complete, please do contact us.

A short clip of video showing an interaction with the child/young person would be ideal. If this is possible, please let us know and we support transferring any media files.

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| **Current (Unaided) Expressive Skills** | | | | | | | |
|  | Body language |  | Natural gesture | | |  | Eye or hand pointing |
|  | Reliable yes/no response (\_\_\_)  Describe if appropriate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Signs (\_\_\_)  Makaton (\_\_\_) BSL(\_\_\_)  Approx. number (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
|  | Vocalisations |  | Spoken single words (\_\_\_)  Level of intelligibility:  1 Completely intelligible 2 Mostly intelligible 3 Somewhat intelligible 4 Mostly unintelligible 5 Completely unintelligible | | |  | Spoken sentences (\_\_\_)  Level of intelligibility:  1 Completely intelligible 2 Mostly intelligible 3 Somewhat intelligible 4 Mostly unintelligible 5 Completely unintelligible |
|  | Other (\_\_\_) | | | | | | |

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| **Paper-based:** | | | | | |
|  | Objects |  | Photos |  | Single symbols |
|  | Symbol combinations |  | Abstract symbols |  | Symbol board  Number and size of symbols (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | Symbol book  Number of pages and page layout  (\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Power-based:** | | | | | |
|  | Single message aid (\_\_\_) |  | Multi-message aid (\_\_\_) |  | Multi-page aid (\_\_\_) |
|  | Other  (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Aid  (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Software/app  (\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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| Where are current communication systems used? |  |

**The Adapted Ability Level Continuum:**

The Adapted Ability Level Continuum, influenced by the work of Patricia Dowden, Ph.D., CCC-SLP Presented in the form of a checklist, the tool lists observable communication behaviours, assisting the multidisciplinary team to identify the student’s current strengths and abilities.

Please date the baseline column where appropriate.

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|  | **Receptive Language (Comprehension)** | [**TAALC(S)**](bookmark://Ability_level_table) |
| **Ability Level:** | **Skills:** | **Baseline:** |
| **Emergent** | **CE01** Demonstrates limited or no comprehension that symbols (e.g. pictures and words) represent ideas. |  |
| **CE02** Pictures may or may not support the development of comprehension and production. |  |
| **CE03** Level of verbal comprehension is difficult to determine. |  |
| **Emergent**  **Transitional** | **CET01** Responds to common gestures (e.g. ‘come here’, ‘go away’ and greetings). |  |
| **CET02** Demonstrates comprehension of the use of common objects. |  |
| **CET03** Pictures appear to support the development of comprehension and production. |  |
| **CET04** May be beginning to follow simple directions during familiar routines and activities. |  |
| **Context-Dependent** | **CCD01** Understands photographs or picture symbols representing objects, common actions (e.g. ‘run’, ‘paint’ and ‘eat’), people or situations. |  |
| **CCD02** Beginning to understand more abstract picture symbols (e.g. ‘think’, ‘big’, ‘hot’ and ‘few’). |  |
| **CCD03** Follows simple instructions during both familiar and unfamiliar routines. |  |
| **CCD04** Understands and follows general conversations. |  |
| **Transitional Independent** | **CTI01** Comprehension of conversations is equivalent to same-age peers. |  |
| **CTI02** Follows simple to complex verbal directions. |  |
| **Independent** | **CI01** Comprehension of communication and directions is equivalent to same-age peers. |  |

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|  | **Expressive Language (Production)** | [**TAALC(S)**](bookmark://Ability_level_table) |
| **Ability Level:** | **Skills:** | **Baseline:** |
| **Emergent** | **PE01**May communicate most successfully using facial expression, body language, gesture and/or behaviour (either socially appropriate or challenging). |  |
| **PE02** May indicate acceptance (e.g. smile) or rejection (e.g. turn away) but does not reliably answer other yes/no questions. |  |
| **PE03** May desire or attempt to communicate during familiar and motivating activities. |  |
| **PE04** Requires support from the communication partner to interact successfully (e.g. narrowing options or interpreting their gesture/body language or behaviour). |  |
| **PE05**Sensory behaviour is extremely important for calming (e.g. rocking or mouthing objects) and determining their individual preferences. |  |
| **Emergent**  **Transitional** | **PET01**Understands symbols (e.g. objects and pictures) for basic, common or concrete items. |  |
| **PET02** Beginning to use clear and simple symbols (including objects, photographs and pictures) during motivating situations or preferred activities. |  |
| **PET03** Using one picture at a time to communicate messages (if accessing symbols). |  |
| **PET04** May intentionally use gesture, body language, facial expression or behaviour to communicate (e.g. pointing, showing or giving) with varying reliability. |  |
| **Context-Dependent** | **PCD01** Uses a combination of communication methods to express messages (e.g. gesture/pointing, symbols, speech/vocalisations and their AAC system). |  |
| **PCD02** Spontaneously uses symbols and objects to communicate basic needs and issue a variety of requests. |  |
| **PCD03** Beginning to use symbols to comment and/or ask questions with support. |  |
| **PCD04** Communicates most successfully during routines, about familiar topics and with familiar communication partners. |  |
| **PCD05**Beginning to combine two or more symbols to extend messages (e.g. using carrier phrases such as "I want \_", "I like \_" and "I see \_"). |  |
| **Transitional**  **Independent** | **PTI01**Communicates about a broad range of topics with both familiar and unfamiliar communication partners. |  |
| **PTI02 C**onsistently combines two or more symbols to produce longer, more complex and/or an increased variety of messages for different communicative functions (e.g. to comment, question or share information). |  |
| **PTI03 U**ses a wider variety of vocabulary or communication tools within their AAC system. |  |
| **Independent** | **PI01** Combines single words, spelling and phrases to communicate about a variety of subjects comparable to same-age peers. |  |
| **PI02** Able to expand on a thought during conversation. |  |

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|  | **Social Interaction** | [**TAALC(S)**](bookmark://Ability_level_table) |
| **Ability Level:** | **Skills:** | **Baseline:** |
| **Emergent** | **SIE01** Reacts to familiar others and/or motivating activities. |  |
| **SIE02**Turn-takes during familiar and motivating routines (e.g. to reciprocate a high five or embrace). |  |
| **SIE03** May respond to close physical interaction by looking, smiling or reaching. |  |
| **Emergent**  **Transitional** | **SIET01** Demonstrates a clear preference for certain objects, activities and people. |  |
| **SIET02** May be beginning to display some interest in social interactions, particularly within specific situations. |  |
| **SIET03**May not use symbols to interact socially. |  |
| **Context-Dependent** | **SICD01** Initiates conversations and social interactions with familiar communication partners. |  |
| **SICD02** Benefits from support to take additional turns in conversation. |  |
| **SICD03** Answers routine questions appropriately with familiar communication partners. |  |
| **Transitional Independent** | **SITI01** Uses socially appropriate comments/questions to initiate interaction with familiar communication partners. |  |
| **SITI02** Answers routine questions appropriately with a variety of communication partners. |  |
| **Independent** | **SII01** Social interaction skills, environments and activities are comparable to same-age peers. |  |

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|  | | **Literacy** | [**TAALC(S)**](bookmark://Ability_level_table) |
| **Ability Level:** | **Skills:** | | **Baseline:** |
| **Emergent** | **LE01** May not demonstrate interest in reading or book activities. | |  |
| **Emergent**  **Transitional** | **LET01** May demonstrate an emerging interest in shared reading and/or be beginning to engage with books more independently. | |  |
| **LET02** May be able to identify their own name and several other frequently encountered words. | |  |
| **Context-Dependent** | **LCD01** Literacy skills are developing to include: identifying letters of the alphabet, connecting some letters with corresponding sounds, understanding word boundaries, recognising a limited number of high frequency sight words, reading and writing their own name and beginning to spell words (however not necessarily with conventional spelling). | |  |
| **Transitional**  **Independent** | **LTI01** Literacy skills are developing to include: increased letter-sound awareness, additional sight words, conventional spelling of simple words; adding word endings as appropriate (e.g. past tense -ed, plural -s or -ing) and a solid understanding of the connection between spoken words and print. | |  |
| **LTI02** May be beginning to utilise word prediction with symbol support. | |  |
| **LTI03** Reads printed material that is somewhat below an age-appropriate level. | |  |
| **Independent** | **LI01** Literacy abilities are equivalent to same-age peers. | |  |

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|  | **Other** | [**TAALC(S)**](bookmark://Ability_level_table) |
| **Ability Level:** | **Skills:** | **Baseline:** |
| **Emergent** | **OE01** Performance with forms of AAC may be inconsistent. |  |
| **OE02** Benefits from support from the communication partner as their individual skills are developing. |  |
| **Emergent Transitional** | **OET01** Performance with forms of AAC may be inconsistent. |  |
| **OET02** Benefits from support from the communication partner as their individual skills continue to develop. |  |
| **Context-Dependent** | **OCD01** May continue to benefit from support from the communication partner to interact successfully, particularly when the topic, listener or environment is unfamiliar. |  |
| **OCD02** Able to use simple strategies (e.g. repeat) to repair misunderstandings with support from the communication partner. |  |
| **Transitional**  **Independent** | **OTI01** Displays strong mental mapping of the location of cells (including navigational symbols) within their AAC system. |  |
| **OTI02** Able to use a variety of strategies to repair misunderstandings in some cases with the support of communication partners. |  |
| **OTI03** Programs content in their AAC system when it is desired or required (e.g. adding preferred foods in the corresponding category) with support as appropriate. |  |
| **Independent** | **OI01** Able to use various strategies to repair misunderstandings. |  |
| **OI02** Able to utilise the rate enhancement features of their AAC system (e.g. word prediction) if desired. |  |
| **OI03** Able to program desired content (e.g. personal narratives etc.) into their AAC system. |  |

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| Please list who assisted with completing this section of the form including their role |  |
| Date |  |

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| --- | --- |
| **Thank you for taking the time to complete this form. Please return it, with supporting evidence, to:** | |
| CENMAC  Charlton Park Academy  Charlton Park Road  London  SE7 8JB | **You can contact CENMAC on:**  Tel: 020 8854 1019  e-mail: mail@cenmac.com |