

## Referral Information

---

This form is intended to assist in the identification of the most appropriate service available from the ACE Centre North in order to meet the needs of the person being referred. It is important to provide as much information as possible. This information will be used to identify the most appropriate service the Centre can offer, which may include:

- An Information Day appointment
- Resources from the Centre's loan bank
- Centre course(s)
- Assessment linked training

In addition, a video is required with the submission of this form (please see attached guidance).

## Section 1

### Applicant Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

**Referral to the ACE Centre North requires parental/legal guardian consent for all pupils/children under the age of sixteen, and by a carer for those adults who are unable to express their own consent:**

I agree to this referral of \_\_\_\_\_ to ACE Centre North.

Relationship to person referred: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Address: \_\_\_\_\_

## Section 2

### School Information

Name and address of School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Head Teacher: \_\_\_\_\_

Email Address: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Classroom Assistant: \_\_\_\_\_

SENCO: \_\_\_\_\_

### LEA Information

Local Education Authority:  
(Responsible for Pupil) \_\_\_\_\_  
\_\_\_\_\_

Previous School/Unit: \_\_\_\_\_  
\_\_\_\_\_

Future Placement:  
(If approaching transition) \_\_\_\_\_  
\_\_\_\_\_

LEA Special Needs Advisor/ICT Advisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 3

### Supporting Information

Is there a diagnosed condition? If so, please give details.

---

---

---

---

---

---

---

---

Does the person have a statement of Special Educational Needs? If so, please give details of technology and other related recommendations made within the statement.

---

---

---

---

Previous Related Assessments (Please state where and when)

---

---

---

---

---

Professionals Involved: Please state names, addresses and telephone numbers of all relevant professionals if known.

**Speech and Language:**

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

**Occupational Therapist:**

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

**Physiotherapist:**

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

**Social Worker:**

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

**Other:**

\_\_\_\_\_

\_\_\_\_\_

**Who is the key contact for this referral?**

Contact:

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

Contact Number:

\_\_\_\_\_



## Section 5

### Communication and Curriculum

Present methods of communication (may include combination of the following: speech, gesture, eye-pointing, signing, communication book/aid)

---

---

---

---

---

Approximate levels of expressive language and comprehension of language

---

---

---

Is the person able to read? Please give an approximate level.

---

---

What level of literacy and numeracy skills does the person have?

---

---

Attention span of person.

---

---

Has the person worked with pictures and objects to assist communication?

---

---

---

How is yes/No indicated? Is it used – appropriately – consistently?

---

---

---

If a symbol system is being used please give details:

---

---

---

If a signing system is being used please give details:

---

---

---

If an electronic communication aid is being used please give details, including type of aid, method and size of overlay.

---

---

---

Present method of recording (eg: Handwriting, typing, computer, other)

---

---

---

Make, model and specification of any computer equipment being used by the person in school/establishment:

---

---

Details of Software used.

---

---

---

How is the equipment accessed? (eg. Keyboard, mouse, rollerball, joystick, switches, concept keyboard, touch screen etc,)

---

---

---

How successful is the current method of access?

---

---

## Section 6

### Physical and Sensory Abilities

Please indicate the person's degree of movement and control of various parts of the body: head, legs, feet, hands etc.

---

---

---

Gross motor skills:

---

---

---

Fine motor skills:

---

---

---

Please provide details of wheelchair or other positioning equipment used by the person, including type/model

At Home:

---

---

At School/Centre/Work:

---

---

Vision:

---

---

Hearing:

---

---