

Referral Information

This form is intended to assist in the identification of the most appropriate service available from 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 the referral of _____ to ACE Centre North.

Relationship to person being referred _____

Signature _____

Date _____

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 the names, addresses and telephone numbers of all relevant professionals. Please indicate alongside each contact if they are aware of the referral and if you wish us to invite them to the assessment.

	Name	Address	Tel. Number	Aware of referral?	Invite to assessment?
Speech and Language Therapist					
Occupational Therapist					
Physiotherapist					
Social Worker					
Other:					

Who is the key contact for this referral?

Contact: _____

Contact Address: _____

Contact Number: _____

Section 5

Communication and Curriculum

Present method of communication (speech, gesture, eye-pointing, signing, communication book/aid)? Please give details of the system/s used.

Are pictures, objects or symbols used to assist communication? Please give details.

If an electronic communication aid is being used please give details, including type of aid, access method, vocabulary layout and size etc.

What are the person's approximate levels of expressive and receptive language?

How are yes and no indicated? Are they used – appropriately – consistently?

Is the person able to read? What level of literacy and numeracy skills does the person have? Please provide approximate levels.

Please comment on the attention span of the person.

Present method of recording (handwriting, typing, computer etc)?

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

Details of Software used.

How does the person access the computer? What type of keyboard and mouse do they use? (for example rollerball, joystick, switches, 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:
