



 

Drtails of key person

Details of child/ young person

Name ………………………………… D.O.B ……………………. Age ……………

Home Address ……………………………………………………………………………

Postcode …………………………… Mobile ………………………………………

Name(s) of parent(s) Carer(s) ………………………………………………

Name & Address of G.P. …………………………………………………………

……………………………………………………………………………………………………....

Tel no ………………………………………

Details of key person with responsibility for this application

Referrer`s name ……………………………………………………………..

Position ………………………………………………………………………………

School / setting ………………………………………………………………

Address …………………………………………………………………………….

Postcode ……………… e mail………………………………………………..

Name of SENCO ……………………………………………………………..

Referral date ……………… Tel no ……………………………………..

Please give details of professionals involved with the child / young person

|  |  |  |
| --- | --- | --- |
| Professional | Name | Contact tel no |
| Headteacher |  |  |
| Class Teacher |  |  |
| SENCO |  |  |
| Learning Support |  |  |
| ICT Co-ordinator |  |  |
| Speech and Language Therapist |  |  |
| Occupational Therapist |  |  |
| Physiotherapist |  |  |
| Sensory Service |  |  |
| CAMHS |  |  |
| Social worker |  |  |
| Educational Psychologist |  |  |
| other |  |  |

 Additional support needs arise from: (tick if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ADHD |  |  | Head injury |  |
| Cerebral Palsy |  | Progressive Neurological Condition |  |
| Concentration Difficulties |  | Stroke |  |
| Dysarthia |  | Physical Disability |  |
| Dyspraxia |  | Social Emotional Mental Health |  |
| Hearing Impairment |  | Specific Learning Difficulties / Dyslexia |  |
| Speech and Language impairments |  | Moderate Learning Difficulties |  |
| Visual impairment |  | Severe Learning Difficulties |  |
| Dysphasia |  | ASD |  |
| Muscular Dystrophy |  | Other (please specify) |  |

What do you hope will be the outcome of this referral?

Give details of the school`s concerns (Class Teacher / SENCO to complete)

What strengths and interests does the child/ young person have? e.g likes / dislikes.

Communication Skills

Does the child / young person have a communication need? Yes / No

If yes, is the communication need mainly for:

Communicating verbally Using written communication 

Other ( please specify) 

 Has the child/ young person`s needs been assessed in the past? Yes/ No

 By whom ……………………………………………………………………. If yes, please attach a copy of the report.

 Present levels of Communication, please give examples if applicable.

|  |
| --- |
| Receptive |
| Expressive |
| Indicates “yes or no” if so how |
| Non-verbal (e.g pointing, gesture, symbols/ AAC) |
| Verbal |
| Written communication |

What equipment / resources, if any, have been provided for the child / young person?

|  |  |
| --- | --- |
| Type of equipment / resource | Details |
| Low Tech communication system e.g signs, symbols |  |
| Access Device, e.g switches, alternative keyboard |  |
| Writing Aide.g computer, iPad |  |
| Voice output communication aide.g Big Mack, Dynavox, Partner 4 |  |
| Specialist softwaree.g clicker, Boardmaker |  |
| Human Resourcese.g SLT input, 1:1 support |  |
| Other |  |

Does the child / young person currently use any of the following ?

|  |  |
| --- | --- |
| Switches |  |
| Joysticks |  |
| Touch screens |  |
| Rollerball / Trackerball |  |
| Head pointer |  |
| Specialist keyboards |  |
| Accessibility options with Microsoft windows e.g sticky keys |  |

Physical Skills

 Does the child/ young person have any fine / gross motor difficulties? Yes / No

 If Yes: Yes No

|  |  |  |
| --- | --- | --- |
| Is s/he independently mobile? |  |  |
| Can s/he sit unsupported? |  |  |
| Is s/he a wheelchair user? |  |  |
| Can they finger point accurately?How do they make a choice? |  |
| Which body part gives best control e.g head, finger, foot? |  |

Please give expected National Curriculum levels e.g PIVATS, P Levels

|  |  |
| --- | --- |
| Listening |  |
| Comprehension |  |
| Writing |  |
| Speaking |  |
| Understanding |  |
| Reading |  |

|  |
| --- |
|  Test Results (If applicable) |
| English |  |
| Maths |  |
| Reading Age |  |
| Spelling Age |  |
| Non Verbal |  |
| Other |  |

**For office use only**

Date of assessment ….../….../…... Refer to Steering Group Yes / No

Date of next Steering Group Meeting ……/……/……

I give permission for my child to be assessed by the CAAT Team. I understand that this is a multi-agency assessment and therefore will include discussion of my child`s needs between school and the outside agencies.

I agree to photographs being taken to show positioning of equipment

Parent/ Carer signature ……………………………………………… Date …………………………………..

What are the child`s / young person`s views? (if known)