



Thomas Wolsey Outreach Service

Request for ICT Assessment
Confidential when completed

All pupils referred to the service must have a diagnosis of a physical disability, which has implications for accessing the curriculum. It is expected that there will be current involvement with an Occupational Therapist or a Physiotherapist and that information will be available from those services.

Information about the child/young person	
Name:	D.O.B:
Address:	
.....	
Post Code:	Telephone:
Parents/Guardian:	
School:	Telephone:
School address:	
.....	
Contact Person at school.....	
Referrer Information	
Date of referral:	
Name:	
Profession:	
Address:	
Post Code:	E mail address:
Telephone:	
Name of Advisory teacher.....	
This referral has been discussed with the parent / carers YES / NO	
What are you hoping to achieve from this referral?	

Please describe the pupil's difficulties, eg diagnosis, physical difficulties, communication difficulties, any sensory impairment.

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ICT

Does the child use a computer at school / in therapy sessions / at home?

How frequently?

Please indicate what method of control is used and how successful it is:

Method of control	good / functional / poor

If a computer is not used, what are the reasons for this?

Does the child have her own computer at school? If yes, please give details:

What training and support has/is being provided and by whom?

What computer software does the child use and what is it used for?

Software	used for

What other software is used regularly by other children in the class?

Software	used for

Education Details – Please complete as fully as possible.

At what National Curriculum or P Level is the child working at?

English:

Maths:

Science:

Matching ability, e.g. pictures, colours, shapes:

Please give details of reading and spelling abilities:

.....

At what stage of the Code of Practice is the pupil? (please tick)

- Early Years Action/School Action
- Early Years Action Plus/School Action Plus
- Statement of Special Educational Needs

Hearing and Vision

How would you describe the child's hearing?

.....

Does the child have any known visual difficulties?

.....

Seating and Positioning

Please give details of any special seating that the child uses at school and at home:

.....

Please make sure that the child comes in the chair that s/he will be using to access communication and ICT in the classroom. Also bring any supports etc that you think might be needed.

Communication

How does the child communicate currently?

.....

How does the child make a choice?

.....

Augmentative Techniques

Please state any augmentative systems being used, e.g. gestures, Makaton signs, photos, symbols, voice output device, computer:

.....

Please specify the equipment (or improvements to existing equipment) you feel the pupil needs that is not currently available:

Please give details of those people/professions who play a part in meeting the needs of the pupil and indicate whether they are aware of this referral. Please also indicate if they would need to be part of the assessment:

Role	Name	Phone	Aware?	Need to be present at assessment
Parents				
Headteacher				
Teacher				
SENCO/Advisory Teacher				
Learning Support Assistant				
Speech & Language Therapist				
Occupational Therapist				
Physiotherapist				
LEA Support Services				
Educational Psychologist				
Others				

Please give any further information which may help us (including up-coming transfers, previous assessments by a specialist centre);

Please give details of any classroom support this pupil receives:

Parents must give or refuse permission for the following:

Post-assessment information to be stored securely by the assessment team: YES / NO

Photographs of the child to be taken during assessment to support his or her referral: YES / NO

Video film of the child to be taken during assessment to support his or her referral: YES / NO

Photos of the child to be taken during the Assessment to be displayed in the Outreach room at Thomas Wolsey: YES / NO

Signature of parent/guardian/carer:

Please return your completed form to:

Outreach Service
 Thomas Wolsey School
 Defoe Road
 Ipswich IP1 6SG

A completed form must be received by us **before** we can carry out an assessment.