

For Communication Referrals this form must be completed by an NHS Speech and Language Therapist (SaLT) in conjunction with the child/ young person's (CYP) educational setting, for all other referrals this should be completed by the SENDCo.

Surname:	Forename:
Other Names:	Date of Birth:
NHS number:	
CYP Home address:	
Name of person with legal responsibility:	
Address (if different):	Relationship to CYP:
	Contact details:
Name of other person with legal responsibility (if applicable):	
Address (if different):	Relationship to CYP:
	Contact details:
Education setting name and address:	SaLT / SENDCo name:
	Telephone:
	Email:
Time remaining at current provision: ___ years ___ months	

Section 1 - Other Professional Involvement

Name	Profession	Address	Telephone	Email Address
	Occupational Therapist			
	Speech and Language Therapist			
	Physio Therapist			
	Educational Psychologist			
	School Medical Officer / Nurse			
	Community Paediatrician			
	Specialist Health Visitor			

Section 2 - Nature of CYP's special educational needs

Please select which elements of the ATfEST criteria the CYP meets – see following three sections:

A substantial and long term (lasting or likely to last for at least 12 months) communication impairment which places a CYP at a disadvantage compared to other children/ young people.

A substantial and long term (lasting or likely to last for at least 12 months) physical impairment which places a CYP at a disadvantage compared to other children/ young people.

A substantial and long term (lasting or likely to last for at least 12 months) sensory impairment which places a CYP at a disadvantage compared to other children/young people.

In relation to the criteria please document the difficulties you feel the CYP experiences. It is expected that prior to this referral, use of equipment and resources normally available in schools will have been trialled. Please list what has been trialled and why you feel a referral to ATfEST is necessary.
Please note - without this information the referral will not be accepted.

Section 3 - Specialist Seating (if applicable)

Please list any specialist seating that is used by the CYP including chairs, frames etc.

Section 4 - Current Targets

Please list the CYP's current targets eg IEPs/ EHCP Outcomes:

Section 5 - For Communication Referrals Only – information from SaLT

Please only complete this section if the referral is for a communication device otherwise please go to section 6.

Why do you feel a referral to ATfEST is necessary?

When answering this question please consider the following:

- *why the CYP does not meet EATs criteria*
- *what input has been provided by SaLT so far and how you feel input from ATfEST can support this*
- *any ideas you have regarding suitable communication equipment or whether mounting is required.*

Section 6 - Parent/ Carer views of the CYP's special educational needs

Section 7 - CYP's views in relation to this referral

This part of the form is optional but is provided in order to capture the CYP's voice should they wish to make a comment about the referral.

Section 8 - Supporting Documentation - please confirm below the inclusion of all supporting evidence. Please note if supporting evidence is not provided this may cause a delay to the assessment process.

Sample of handwriting (and time taken) or mark making sample: *some CYP are able to hold a writing implement and produce pre writing marks on paper. A sample of this nature with any relevant annotations e.g. time taken, is equally important to include.*

Where an Occupational / Physio Therapist has current or historical involvement their most recent report should be attached.

If a SaLT is involved with the CYP but the referral is not for a communication device supporting documentation from a SaLT, is required where the CYP has a communication difficulty.

Where a formal diagnosis has been made by an appropriate medical professional (usually an NHS doctor, specialist or consultant) this needs to be included.

SaLT / SENDCo signature

I confirm that the information given in this form is to my knowledge true, complete and accurate. The parents / carers and the CYP have been made aware of this referral.

For information see the Fair Processing Notice for LCC Education Services in the Children & Family Services Department:
<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2018/5/9/education-services-fair-processing-notice.pdf>

Signed:

(SaLT/ SENDCo)

Date:

Print:

Privacy Notice & Consent

This form should be signed by the person being referred to the Service if they are over the age of 16. Otherwise, it should be signed by a person with legal responsibility.

The personal information you provide will be held by Leicestershire County Council's Children & Families Service and will be used for the purpose of providing Leicestershire Specialist Teaching Service involvement to you/your child and you/your child's educational setting. If you have consented to other Services being involved (such as a health service or other education service) we might need to share information with them in the course of our work.

We also use personal data to derive statistics which inform decisions we make, such as how the service functions and performs. These statistics are used in such a way that individual children cannot be identified.

All information will be held securely and will not be disclosed to anyone other than those stated above without your permission unless we have a legal reason to do so (e.g. disclosure is necessary to protect a person from suffering significant harm or necessary for crime prevention or detection purposes).

We will keep your information while our Service is involved with you/your child in accordance with the Children & Family Services Retention Schedule, available on the Leicestershire County Council website. More information about how the Council will protect your privacy is available at www.leicestershire.gov.uk/privacy-notice.

You have a right to request a copy of the information we hold about you, as well as the right to amend any mistakes or withdraw your information. Please refer to our website <https://www.leicestershire.gov.uk/about-the-council/data-protection-and-privacy/requesting-personal-information>

I agree the information in this form is correct.

I give permission for Leicestershire Specialist Teaching Service staff to discuss information about me/my child with other involved professionals and to undertake direct work relevant to current concerns.

I acknowledge the privacy notice and consent to my data being used as described.

Signed:	(person with legal responsibility or young person if over 16)	Date:
Print:		

Please send completed forms and attached documentation through the Anycomms / AVCO system to The Specialist Teaching Service. Alternatively post to the address below.

Assistive Technology for Education Support Team, Specialist Teaching Service
Room 600, County Hall, Glenfield, Leicestershire, LE3 8RF