

Referral for ACE Centre Assessment

In order for you referral to be processed please ensure you have:

- Completed the referral form providing as much detail as possible
- Completed the payment form, signed and returned this
- Enclosed a video in support of the application

Return all these to:

ACE Centre, Hollinwood Business Centre, Albert Street, Oldham OL8 3QL

If you have any queries, please contact:

Lisa Farrand, Assessment Coordinator

Email: lfarrand@acecentre.org.uk or Telephone: 0161 358 0151

This information you provide on this referral form will help us plan and prepare for the assessment. Please complete it in as much detail as possible. It is appropriate for different people to complete different sections of the form if necessary.

Section 1 - Person being referred

| | |
|------------------|--|
| Full Name | |
| Date of Birth | |
| Gender | |
| NHS Number | |
| Home Address | |
| Telephone Number | |
| Email Address | |

Section 2 – Details of parent/guardian/carer

(Required for all children and any adults unable to express their own consent)

| | |
|---------------------------------------|--|
| Name | |
| Relationship to person being referred | |
| Home Address | |
| Telephone Number | |
| Signature | |
| Date | |

Section 3: Consent for Images

From time to time ACE Centre find it useful to use photographic and video illustrations of individuals using Assistive Technology for training, publicity and other appropriate purposes. If you are willing to give consent to be photographed and/or filmed please complete the box below.

| | |
|--|--|
| Name of Person to be photographed/ filmed | |
| Signature | |
| Name and relationship to the person if signed on their behalf | |

Section 4: Details of School, College, Day Centre, Work Place

| | |
|---|--|
| Name of School/College/Day Centre/ Work Place | |
| Type of Establishment (mainstream school, special school, college, workplace etc) | |
| Address | |
| Telephone Number | |

Section 5: Physical and Sensory Skills

| | |
|--|--|
| Details of diagnosis or disability | |
| Other relevant medical information | |
| Gross Motor Skills (movement of large muscle groups and whole body movements including movement of the head, legs and arms) | |
| Fine Motor Skills (coordination the smaller movements of the hands and fingers) | |
| Posture and Mobility (include details of wheelchair or seating systems/positioning equipment if used) | |
| Vision (and visual perception) | |
| Hearing | |

Section 6: Language and Literacy

| | |
|--|--|
| Expressive language level (ability to use spoken language, ability to put words together to express thoughts) | |
| Receptive language level (ability to process and understand spoken language) | |

Section 7: Communication (spoken)

| | |
|---|--|
| Current methods of communication (speech, vocalisations, signing, gestures, communication board/book, communication aid etc) | |
| How are these accessed? (by pointing/touch, using switches, using a mouse or alternative etc) | |
| How is the language represented? (pictures, objects, symbols, words) | |
| How is the system organised? (how many items per page, how many pages etc) | |

| | |
|---|--|
| How are yes and no indicated? | |
| Are there any concerns with the current communication system? | |

Section 8: Communication (written) and Computer Access

| | |
|---|--|
| Current method of recording (handwriting, computer, scribe etc) | |
| Is a computer used? If so how often and what for? | |
| How is the computer accessed? (what type of keyboard and mouse are used) | |
| What software is being used? | |
| How successful is current computer system? | |

Section 9: Cognition and Learning

| | |
|-------------------------------------|--|
| Reading Ability | |
| Literacy Skills and Levels | |
| Numeracy Skills and Levels | |
| Levels of Attention | |
| Any concerns/areas for improvement? | |

Section 10: Reason for Referral

| | |
|---|--|
| What promoted this referral? | |
| What are your aims and expectations of this assessment? | |
| What activities does the person enjoy, find interesting or find motivating? | |

Section 11: Team around the individual

Can you please provide details of people currently involved in supporting the individual concerned and indicate if you are happy for them to be invited to the assessment

| | Name | Address | Tel. Number | Aware of referral? | Invite to assessment? |
|---|-------------|----------------|--------------------|---------------------------|------------------------------|
| Who is the key contact for this referral? | | | | | |
| Speech and Language Therapist | | | | | |
| Occupational Therapist | | | | | |
| Physiotherapist | | | | | |
| Social Worker | | | | | |
| Teacher | | | | | |
| Personal Assistant | | | | | |
| Other | | | | | |

Many thanks for completing this referral.