

**REFERRAL FORM**

**SPECIALIST TEACHING SERVICES**  
ICT Assessment Service,  
Rothley House, Unit 1, Coalville Business Park  
Jackson Street, Coalville  
Leicestershire, LE67 3NR



E-mail: [sts@leics.gov.uk](mailto:sts@leics.gov.uk)

Tel: (01530) 513 608/ 691

Fax: (01530) 513610

**Pupil Details:**

Pupil Name ..... Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parent/ Carer.....  
Relationship to Pupil.....  
Address.....  
.....  
.....  
Post Code..... Tel:(inc STD) .....

**School Details:**

School Contact/ SENCO.....  
Referring School.....  
Address.....  
.....  
.....  
Post Code..... Tel:(inc STD).....

**Agencies involved:**

Please name professional(s) involved and include their most recent report.  
If supporting evidence is not provided this may cause a delay to the assessment outcome.  
School Medical Officer..... Specialist Teaching Services.....  
Occupational Therapist..... Speech & Language Therapist.....  
Physiotherapist..... Specialist Health Visitor.....  
Others..... Educational Psychology Service.....

**Nature of pupil's special educational needs:**

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Please attach additional sheet(s) if required.

How do you anticipate ICT may help the pupil's learning?

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If a communication aid is being considered, to what extent have other means of communication, such as signing, been considered? Please specify:

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Parental/ Carer information on pupil's special educational needs:

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Please include a sample of the pupil's handwriting and an indication of the time taken to produce the sample.

Signed.....(Headteacher) Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Print .....

Signed.....(Parents/ Carer) Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Print .....

Signed.....(Agreed by Panel) Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_