

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

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 provide 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:

.....
.....
.....
.....
.....
.....

REFERRAL FORM

Please attach additional sheet(s) if required.

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

.....

.....

.....

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

.....

.....

.....

Signed.....(Headteacher) Date __ __ / __ __ / __ __

Print

Signed.....(Parents/ Carer) Date __ __ / __ __ / __ __

Print

Signed.....(Agreed by Panel) Date __ __ / __ __ / __ __