

Teacher Information and Questionnaire – ICT Assessment

Name of referrer (Please print) Child's Name		Date of referral and signature Parental Consent Obtained: ? Yes/No	
School address:	Home address:	Child's D.O.B	School Year:
School contact name/number: School email:	Home contact name/number: Home email:	Gender Female	Male
Diagnosis/conditions:		ICT provision identified in EHCP: Yes / No EHCP reason: -	
Reason for referral:		Names of medical professionals involved and reason why:	
Child's current strengths (please explain/give examples)		Child's current weaknesses (please explain/give examples)	
How can an ICT assessment help:			
Child's current academic level:			

Please describe the child's ICT access below:

Hardware and software currently used by the child. (Eg. Laptop /pad and specific programs)

Please describe the child's ability in the key areas identified below:

Gross motor skills e.g. PE, mobility, etc.

Activities of daily living: Dressing skills, use of knife/fork, self care before/after PE (Inc. level of prompts required)

Functioning within the classroom environment:-

Reading ability

Attention/concentration (does it vary from task i.e. minutes)

Engagement

Interaction

Levels of support

Sensory Strategies used currently

Fine Motor: Handwriting

(Please enclose a photocopy/scan of the child's handwriting from a recent text book), ability to hold pen/pencil, Copying from paper/whiteboard etc.

Child's interests /motivators.

Ability to follow instructions

Preferred form of communication

Challenging behaviour which can occur (including self-injury):

Any Other Relevant Information

Future Steps Consultancy is committed to respecting your privacy and ensuring the personal information you have entrusted to us is held securely. The information that you provide is collected and will be used as part of our referral, assessment and treatment process. This information will not be shared with any outside agencies or third parties. Future Steps Consultancy will only keep the personal information that you provide for as long as it is required and in accordance with statutory requirements. Where the information is no longer required, we will ensure that it is disposed of in a secure manner. Please contact us if you wish to raise a concern about Future Steps Consultancy's handling of your personal information, or compliment what you think we have done well.

If you'd like to learn more about how we use your information and to see our privacy policy, please contact a member of our administration department who will be happy to assist via admin@futurestepsconsultancy.co.uk

I, (print name), have read and understood the above statement regarding Future Steps Consultancy's use of the personal information that I have provided on this referral form, and consent to its use for the purposes of the Future Steps referral, assessment and treatment.
Signed..... Date.....

As an organisation we will endeavour to respond within the time period identified in Priority Key by referer. Please hand back to the person within your school/organisation that leads on therapy referrals. Thank you for completing this questionnaire for Future Steps Consultancy, Occupational Therapy for Children and Adults. The information will help us to assess and create a clinical profile specific to the child's needs.

Many thanks for your cooperation, Future Steps Consultancy Therapist

