**School’s request for CENMAC referral**

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| --- | --- | --- | --- |
| School |  | Year group |  |
| Name & address  of child |  | DOB |  |
| Date started at current school |  |  |
| EHCP/Statement?  | Yes/No | If yes, date last amended | If no, reason for referral  |
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| Area of need | Intended outcome  | Advice/recommendations from other professional(s)(written evidence required) |
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| Current provision | How long | How often | Impact [+/-] |
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|  |  |  |  |
| Any other comments about your provision |
| What are you hoping for CENMAC to provide that is not currently available from the school’s own resources? ( **Advice** re hardware/software, **training** re hardware/software, **hardware loan**, **software** **loan**, any other provision) |
| **Please attach your CENMAC referral to this. If agreed the LA will forward the referral to CENMAC (within the next 10 days).** |