

# Barnsley AT Team Referral Form – EXAMPLE

*This is an example of a completed referral form for information/training purposes only.*

*For copies of the real referral form to download and complete, please go to:*

[www.barnsleyhospital.nhs.uk/assistive-technology/contact-assistive-technology/referrals/](http://www.barnsleyhospital.nhs.uk/assistive-technology/contact-assistive-technology/referrals/)

Section 1: Client's details		
<b>Forename(s):</b> Joe	<b>Surname:</b> Bloggs	<b>Title:</b> Master
<b>NHS Number:</b> 111 222 3333	<b>Date of Birth:</b> 01/01/2005	<b>Gender:</b> M
<b>Diagnosis:</b> Cerebral Palsy	<b>GP Name and Practice:</b> Dr Smith, The Practice, Wherever	
<b>Any other relevant medical conditions:</b> Epilepsy		
<b>Home address:</b> 1 Sunny street Happy Town Pleasant City PL11 2AA	<b>Daytime Location &amp; Address (if applicable)</b> <i>e.g. School, Day Centre:</i> Apple tree school Apple Tree Lane Happy Town PL11 3BB	
<b>Home phone:</b> 1111 222222	<b>Mobile phone:</b> 07776655544	
<b>Email:</b> here@there.come	<b>Daytime contact:</b> 1111 333333	
Main contact for client, if not the client (e.g. Parent, Guardian, Advocate, Family Member)		
<b>Name:</b> Mary Bloggs	<b>Relationship:</b> Mother	
<b>Phone:</b> 1111 222222	<b>Email:</b> joesmum@homail.com	
Access information and risks		
<p><i>Are there any health and safety or safeguarding issues we need to be aware of?</i></p> <p><i>Are there any special instructions for access?</i></p>		
No		

Referrer details	
<b>Name:</b> A Speech Therapist	<b>Job title, profession or role:</b>
<b>Service name (what your team calls itself):</b> Happy Town Speech Therapy Team	
<b>Address:</b> Happy Town SLT Team	<b>Phone:</b> 1111 333333
	<b>Email:</b> slt@hotmail.com
	<b>Other:</b>
<b>Signature:</b> A Speech Therapist	<b>Date:</b> 01/12/18

Referral Summary
<b>Prioritisation:</b> Is this a priority referral? <input type="checkbox"/> Reason (if yes):
<b>Is the client or guardian aware of this referral?</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
<b>Is the client willing to participate in an assessment by Barnsley Assistive Technology Team?</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
<b>What are the primary goals of this referral? (tick all that apply)</b>
1) Assessment of the most appropriate method for accessing communication <input checked="" type="checkbox"/>
2) Assessment of the most appropriate symbol or text based vocabulary system <input checked="" type="checkbox"/>
3) Assessment for an environmental control system <input checked="" type="checkbox"/>
4) Assessment for computer access <input type="checkbox"/>
5) Provision of specialised communication aid (no assessment – see Guidance) <input type="checkbox"/>
<b>What are the client's (and/or family's) expectations for this referral?</b> Joe's mum would like him to have a communication aid. Joe has seen other children at school using communication aids and has indicated he wants to try one.
<b>Following assessment, if the criteria for provision of specialised equipment is not met please state what funding routes exist for provision of non specialised equipment:</b> We do not have local funding in place so charitable funding would be sought.

**Relevant Contacts**  
 Please provide details of other professionals involved with the client.  
 Aware = Aware of referral. Invite = Invite to assessment visit.

**Speech and Language Therapist:**

<b>Name:</b> A Speech therapist	<b>Phone:</b>	<b>Aware?</b> <input checked="" type="checkbox"/>
<b>Address:</b>	<b>Email:</b>	<b>Invite?</b> <input checked="" type="checkbox"/>
	<b>Other:</b>	

**Occupational Therapist:**

<b>Name:</b> Ann Occupational Therapist	<b>Phone:</b>	<b>Aware?</b> <input checked="" type="checkbox"/>
<b>Address:</b>	<b>Email:</b>	<b>Invite?</b> <input type="checkbox"/>
	<b>Other:</b>	

**Equipment and Adaptations Occupational Therapist**  
 (Responsible for arranging adaptations if required for EC provision)

<b>Name:</b> Another Occupational Therapist	<b>Phone:</b>	<b>Aware?</b> <input checked="" type="checkbox"/>
<b>Address:</b>	<b>Email:</b>	<b>Invite?</b> <input type="checkbox"/>
	<b>Other:</b>	

**Physiotherapist:**

<b>Name:</b> A physio	<b>Phone:</b>	<b>Aware?</b> <input checked="" type="checkbox"/>
<b>Address:</b>	<b>Email:</b>	<b>Invite?</b> <input type="checkbox"/>
	<b>Other:</b>	

**Relevant Consultant:**

<b>Name:</b> Mr consultant	<b>Phone:</b>	<b>Aware?</b> <input type="checkbox"/>
<b>Address:</b> The hospital	<b>Email:</b>	<b>Invite?</b> <input type="checkbox"/>
	<b>Other:</b>	

**Teacher / Education Contact:**

<b>Name:</b> A teacher	<b>Phone:</b>	<b>Aware?</b> <input checked="" type="checkbox"/>
<b>Address:</b> Apple Tree school	<b>Email:</b>	<b>Invite?</b> <input checked="" type="checkbox"/>
	<b>Other:</b>	

**Other Contact:**

<b>Name:</b>	<b>Phone:</b>	<b>Aware?</b> <input type="checkbox"/>
<b>Address:</b>	<b>Email:</b>	<b>Invite?</b> <input type="checkbox"/>
	<b>Other:</b>	

**Section 2: Client Details**

Please provide further information on the following.

**Physical abilities (e.g. mobility, use of wheelchair, posture and positioning, gross movement and fine motor control, voluntary and involuntary movements, endurance/fatigue):**

Joe does not have any control of his arms or legs. His head is reasonably stable but Joe will sometimes wear a neck collar to support his head. Joe does tire very easily and will often fall asleep in the afternoon.

**Vision (e.g. any impairment, glasses, glaucoma, cataracts, strabismus, nystagmus):**

No problems

**Hearing (e.g. any impairment, hearing aids worn):**

Joe has a hearing impairment and wears hearing aids.

**Cognition (e.g. attention, understanding of cause and effect, problem solving, memory, ability to initiate):**

Joe can be easily distracted in school. He has good understanding of cause and effect. He has shown us that he can learn and remember information through use of his PODD communication book. Joe's only way of initiating communication is to vocalise or cry.

**Psychological factors (e.g. motivation, mental health, behaviour, social skills):**

Joe can get upset and refuse to participate if he perceives something as being too hard.

**Other factors (e.g. medication, effect of medical conditions on wellbeing and function):**

Joe takes medication for his epilepsy. This is well controlled and does not have any significant impact day to day.

**Further information on diagnosis (e.g. time since onset, rate of progression):**

From birth

**Social situation (e.g. lives alone, carers, care package, level of dependency, who will support the use of assistive technology):**

Lives with mum and younger brother.

**Accommodation (e.g. type of property, ownership of property):**

Mum owns the house.

**Section 3: Communication**

Please see the [AAC criteria](#) and referral guidance for AAC referrals.

If you are only referring for an environmental control assessment please go straight to section 4.

**Current communication skills**

**Expressive and receptive language - please include details of any standardised or non standardised assessments carried out, observational assessments are also helpful:**

Formal assessment of Joe's understanding has been difficult due to his access difficulties as he cannot handle objects or point to pictures. Eye pointing has been used informally and suggests a receptive language level at two key words. Observations in the classroom indicate that Joe has a good understanding of conversations, for example he will laugh at subtle humour and gets upset when people mention things he doesn't like. Joe will also use eye pointing to demonstrate his understanding, for example, looking towards people when they are mentioned or looking towards objects and places.

Joe cannot speak, but will use vocalisations to show he is happy or upset. Joe uses eye pointing with symbols to express himself.

**Details of literacy skills:**

Joe can recognise some whole words and is developing his phonics skills. He can reliably identify the first letter of a word most of the time.

**Current AAC strategies**

**How does the individual indicate 'yes' or 'no'?**

Joe will look up to say yes and remains neutral to indicate no.

**What other non-verbal means of communication does the individual have (e.g. vocalisations, gesture, eye pointing)?**

Joe will use vocalisations to show he is happy or upset. Joe uses eye pointing with people and objects.

**What paper or partner based AAC systems have been tried, and what is being used currently (e.g. alphabet board, symbol book, Etran frame)?**

Joe has a PODD 15 communication book which he accesses via partner assisted scanning. He also uses an Etran frame in class with four pictures.

**How does the individual access this system (e.g. direct touch, eye pointing, partner assisted scanning) and how successfully?**

Joe looks up to indicate yes as the communication partner has read out the options. This is mostly successful providing the communication partner remembers to watch for Joe's yes!

The book limits Joe's spontaneous communication as he has to wait for someone to offer him the book.

**If there is no paper-based AAC system currently in place, please describe why not (e.g. lack of motivation from the client, complex access, lack of support in the environment):**

**Please provide details of the individual's exposure to and use of symbols e.g. PCS, Widget, Symbolstix (what system is used in the environment, what exposure have they had, are they using a symbolic system expressively?):**

Joe uses PCS symbols in his PODD book and PCS symbols are used throughout school.

**Please list the current Speech & Language Therapy goals for this individual:**

For Joe to use his PODD book to give his opinion.

For Joe to use his PODD book to ask a question.

**Current and previous use of powered voice output communication aids (these could be specialised or non specialised aids, this may be left blank if no previous experience):**

**Name of current device (e.g. Tobii i12, Liberator Accent 800, iPad, Go Talk 9+, BigMack):**

**Name of current communication software (e.g. Grid3, NuVoice, GoTalk Now, Proloquo2Go):**

**Name of current vocabulary package (e.g. Word Power, Words For life app, Symbol Talker):**

**Current access method (e.g. direct touch, switch scanning, eye tracker):**

**Please describe how the individual's current system is no longer meeting their needs (e.g. broken, outgrown the language package, access method no longer suitable):**

**Please describe any previous trials of voice output communication aids, the access methods used and the outcome:**

Joe tried a Talk Aid eye gaze communication aid when he was 10 but we could not get it to calibrate very easily, mostly because of Joe's head movements. His head is more stable now so we are hopeful that the results will be more positive.

**Reasons for communicating**

**Please describe how they currently communicate (If possible, give an example of a recent conversation or SLT task and how the individual joined in):**

Joe uses his PODD book. In his last speech therapy session, he was excited to tell me that his dad had crashed the car. He said 'car' then 'crash.' He also wanted to talk about a party he had been to. He selected 'party' and then 'fun.'

**Please describe how their current means of communicating are limiting them, and how you feel an alternative communication system might improve this?**

Joe cannot initiate communication with his book and will resort to crying to get someone's attention. It also takes a long time for adults to scan through the pages and Joe can sometimes give up. We hope that using eye gaze would make communication more immediate and faster for Joe.

**Opportunities**

**Named person(s) who will support the assessment (please note that the person(s) named must have consented to this):**

Mrs Teaching Assistant

**Is staff training likely to be required?**

Yes

**Details of how the assessment will be supported (e.g. time available for one to one support, use at home):**

Mrs Teaching Assistant has said she would be willing to support the assessment if any equipment were loaned, although she hasn't worked with anyone using a communication aid before.

Joe's mum is keen to loan a communication aid and would attend any training that was necessary. Joe will have half an hour every day in school for communication work where he can practice using any equipment that is loaned.

**When is the individual likely to use an AAC system (e.g. at school/home/work, for certain activities)?**

In school for lessons and at break/lunch time. Mum would also like Joe to take the aid home.

**Details of support available to implement the recommendations of the assessment (i.e. who is going to support the on-going long-term implementation of an AAC system and how):**

Mum would support the aid at home. Joe's class teacher has experience of supporting children with communication aids. The SLT has a session in school once a week and we have a SLT assistant that runs a weekly communication group for AAC users in school.

We use the CODES framework for goal setting.

**Section 4: Environmental Control**

Please see the [EC Criteria](#) and [Referral Guidance](#).

**Home control**

**What are the client's goals for home/environmental control (e.g. TV/Hifi, landline telephone, mobile telephone, door intercom, door opening, lights, attention calling)?**

Joe would like to control his television, DVD player and bedroom lights

**Has the client tried any non specialist alternative methods to achieve their EC goals (e.g. large button remote controls and telephones, remote sockets, pager – [as in our local service resource pack](#))?**

No, we don't think these would work for Joe

**If so, please list these and describe the outcome?**

**Has a referral been made to the local Equipment and Adaptations service for any adaptations that may be required to the fabric of the building (e.g. door opener/lock release)?**

No

**Computer Control**

**What type of computer does the client have (e.g. Windows desktop, laptop, tablet, Apple or Android, access via smartphone)?**

**What does the client currently use their computer for (e.g. emails, internet browsing, banking, social media, games)?**

**How does the client currently access their computer?**

**Has the client tried any alternative methods for accessing their computer (e.g. ergonomic mouse, large keyboard, use of accessibility options in the operating system of computer or tablet/phone)?**