**Brent Access to Inclusive Technology Service (BAIT)**

**Application Form**

**Part A: Referral**

**(If pupil is already known to BAIT, please only complete Part B: Assessment)**

Pupil’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key stage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year group: \_\_\_\_\_\_\_\_\_\_\_\_\_

Setting/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mainstream/Additionally resourced provision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SENCO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEN / Disability (check all that apply):

Physical

Speech/language

Learning difficulties

Hearing Impairment

Visual Impairment

Other (please describe)

**ECH Plan or Statement of SEN:**

Yes  No

**Medical considerations (check all that apply):**

Epilepsy

Degenerative medical condition

Multiple health problems

Fatigues easily

Taking medication

On medication for seizure control

Frequent pain

Frequent respiratory infections

Other (please describe):

**Related services received:**

Occupational therapy

Physiotherapy

Speech therapy

Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which are the areas of concern for this pupil (tick all that apply):**

Mechanics of writing

Fine motor control (related to computer access)

Reading

Seating/positioning

Mobility

Vision

Hearing

Other (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Give further description of pupil’s difficulties accessing the curriculum:**

**Do you have a general idea of the equipment/software required to meet the needs of the pupil?**

Yes No

**If yes, please describe in as much detail as possible. It may be possible to purchase this equipment through the Milbrooke website if your application for BAIT funding is approved**

**Assistive / access technology currently used (tick all that apply):**

Computer (type/platform):

Augmentative communication device

Low tech vision aids

Voice output software

Word prediction software

Screen reading software

Magnification software

Braille Note taker

Computer with Braille output

Amplification systems

Manual wheelchair

Power wheelchair

Writing aids

Environmental control unit

Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe any access technology that has been tried previously and the outcome (how well it worked, or why it didn’t work):**

|  |  |
| --- | --- |
| Access Technology | Outcome |
|  |  |
|  |  |
|  |  |

**Please tick if you require an ICT/Access specialist assessment:**

**Referral made by: (please check)**

**Head teacher**

**SENCo**

**TVI/TOD**

**Therapist (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other professional (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral agreed by parent / carer:**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important information**

**Please note:**

* If the recommended equipment is approved and purchased by Brent there will be some prior and future responsibilities and financial commitments expected of the school and parents/carers.
* Brent will only fund specialist equipment above that which would reasonably be expected to be provided from within school funds. (From 2011 schools must fund any necessary individual items costing £150+)
* Brent will only provide SEN access technology and specific OT equipment to LB Brent pupils, after an assessment.
* Insurance, warranty and accidental damage cover will be the responsibility of the school and parents/carers.
* Some basic technical support can be provided by Brent upon request of the school.
* All equipment/software purchased remains the property of LB Brent and may be recalled and re-distributed at the request of the Sensory Support Team leader.
* The collection of any equipment purchased through the Milbrooke website must be organized by a relevant NHS practitioner when the pupil leaves the school.
* As part of the assessment procedure, we may take digital photographs and videos which will only be shared amongst professionals involved in education and health to help with the assessment process.

**Part B: Assessment**

**Pupil:**

Pupil’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral to BAIT: \_\_\_\_\_\_\_\_\_\_\_

School contact (Eg. Senco): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional completing the assessment:**

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistive / access technology currently used by pupil:**

**Purpose of assessment:**

New equipment required

Upgrade to existing equipment / software

Other

**Briefly describe the assessment process that you have undertaken:**

**Outcome:**

**Rationale for recommendation:**

(NB. Please note that any recommended equipment must provide access to learning or to another essential aspect of school life)

**Recommendation**

**Equipment / software being recommended to enable access to the curriculum:**

(Please attach quotations where relevant, and as much detail of the equipment as possible)

|  |  |  |
| --- | --- | --- |
| **Specific equipment or software**  (please give details or attach quotation) | **Supplier** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

NB. Specialist seating will not necessarily be provided if the pupil is a wheelchair user and the wheelchair provides suitable seated support for learning activities. Similarly, standing frames will not necessarily be provided unless it can be medically justified that this is the only solution to enable the pupil to stretch at the recommended intervals and that this has to take place during the school day hours