A logo with a tree in a circle

Description automatically generated

**Working in partnership with London Borough of Sutton**

**Cognus Therapies Referral Form and Screening Tool**

**Occupational Therapy – EHCNA / EHCP**

Please complete the below referral form and screening sections fully and return electronically to Cognus Therapies ([cognus.therapies@cognus.org.uk](mailto:cognus.therapies@cognus.org.uk)).

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Information** | | | |
| **Name:** |  | **DOB:** |  |
| **School / College:** |  | **Year Group:** |  |
| **Ethnicity:** |  | **Home Language:** |  |
| **SEN Code of Practice:** |  | **Name of Referrer:** |  |
|  | | | |
| **Details of other agency involvement *(e.g., safeguarding, social care, educational psychology, therapies)*:** | |  | |
| **Please tick if appropriate:** | | CiN CP CLA PCLA Kinship  Child with a Social Worker  Previously had a social worker (in last 6 years) | |
| **Does the Child/Young person have any diagnosis? *(please state)*** | |  | |
|  | | | |
| **Referrer Signature:** | |  | |
| **Referrer Name:** | |  | |
| **Date:** | |  | |
|  | | | |

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| **Screening Tool**  *Please use the advice and resources available from our website to support completion of the screening tool. Our website is available* [*here*](https://www.cognus.org.uk/services/cognus-therapies/advice-and-resources/)*.* | |
| **Enabling Success in Class Based Activities** | |
| **What are your main areas of concern? *(please tick)*** | Attention  Recording work/ handwriting  Use of tools and objects  Organisation of and Planning  Seated Posture  Other (please state) |
| **What impact are these concerns having?** |  |
| **What strategies / approaches from the** [**Graduated Response**](https://www.cognus.org.uk/services/cognus-therapies/advice-and-resources/enabling-success-in-class-based-activities/) **have you used to support this area of need?** |  |
| **When did you implement these strategies / approaches?** |  |
| **How often did you implement these strategies / approaches?** |  |
| **What was the outcome of implementing these strategies / approaches?** |  |
| **Enabling Participation in PE, on the Playground and Accessing the School Environment** | |
| **What are your main areas of concern? *(please tick)*** | Balance  Coordination  Posture  Physical access to activities or environment  Other (please state) |
| **What impact are these concerns having?** |  |
| **What strategies / approaches from the**  [**Graduated Response**](https://www.cognus.org.uk/services/cognus-therapies/advice-and-resources/enabling-participation-in-pe-on-the-playground-and-accessing-the-school-environment/) **have you used to support this area of need?** |  |
| **When did you implement these strategies / approaches?** |  |
| **How often did you implement these strategies / approaches?** |  |
| **What was the outcome of implementing these strategies / approaches?** |  |
| **Supporting Children to Self-regulate and Engage in Learning** | |
| **What are your main areas of concern? *(please tick)*** | Sensory processing  Emotional regulation  Attention  Other (please state) |
| **What impact are these concerns having?** |  |
| **What strategies / approaches from the** [**Graduated Response**](https://www.cognus.org.uk/services/cognus-therapies/advice-and-resources/supporting-children-to-self-regulate-and-engage-in-learning/) **have you used to support this area of need?** |  |
| **When did you implement these strategies / approaches?** |  |
| **How often did you implement these strategies / approaches?** |  |
| **What was the outcome of implementing these strategies / approaches?** |  |
| **Building Independence Skills** | |
| **What are your main areas of concern? *(please tick)*** | Personal care  Home management  Meal preparation  Community skills  Employability  Other (please state) |
| **What impact are these concerns having?** |  |
| **What strategies / approaches from the** [**Graduated Response**](https://www.cognus.org.uk/services/cognus-therapies/advice-and-resources/building-independence-skills/) **have you used to support this area of need?** |  |
| **When did you implement these strategies / approaches?** |  |
| **How often did you implement these strategies / approaches?** |  |
| **What was the outcome of implementing these strategies / approaches?** |  |
| **Further Information Required** | |
| **What reasonable adjustments has the setting implemented (e.g., exam access arrangements, reading pen, in class support, nurture group)?** |  |
| **Are any staff members a SEND Champion?** |  |
| **Have any staff members completed any additional SEND training (e.g., ELKLAN)** |  |
| **What further support do you feel is required from Occupational Therapy?** |  |
|  | |