**Cognus Therapies Referral Form and Screening Tool**

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

**Occupational Therapy**

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

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| **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)*** |  |
| **Parent / Carer Details**  |
| **Parent / Carer consent to referral: *(please sign)*** |  |
| **Parent / Carer contact number:** |  |
| **Do you consent to video / audio recording for assessment purposes only?** | [ ] Yes [ ] No [ ] Audio only |
| **Date:** |  |
| **Assessment Required *(please tick)*** |
| **Option 1: *Observation report and recommendations*** | **2 hours** |[ ]
| **Option 2: *Initial assessment and short report with recommendations***  | **6 hours** |[ ]
| **Option 3: *Assessment and report with outcomes***  | **8 hours** |[ ]
| **Option 4: *Sensory Processing completed by a Sensory Integration Practitioner***  | **10 hours**  |[ ]
|  |
| **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?** |  |
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