

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

**Cognus Therapies Referral Form and Screening Tool**

**Speech and L****anguage Therapy**

Please complete the below referral form and screening sections fully and return electronically to Cognus Therapies (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 pupil have any diagnosis? *(please state)*** |  |
| **Parent / Carer Details**  |
| **Parent / Carer consent to referral: *(please sign)*** |  |
| **Parent / Carer preferred contact method:** | Email:Phone 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***  | **4 hours** |[ ]
| **Option 3: *Assessment and report with outcomes***  | **6 hours** |[ ]
|  |
| **Referrer Signature:** |  |
| **Referrer Name:** |  |
| **Date:** |  |
|  |

|  |
| --- |
| **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/)*.* |
| **Listening and Understanding Language** |
| **What are your main areas of concern? *(please tick)*** | [ ] Listening and attention [ ] Understanding and following instructions[ ] Understanding and learning new vocabulary[ ] 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/listening-and-understanding-languages/) **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?** |  |
| **Using Language, Vocabulary and Speech** |
| **What are your main areas of concern? *(please tick)*** | [ ] Using new vocabulary words [ ] Making grammatically correct sentences[ ] Storytelling[ ] Contributing to class discussions[ ] Speech clarity[ ] Fluency (stammering)[ ] 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/using-language-vocabulary-and-speech/) **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 Conversation Skills and Social Interactions** |
| **What are your main areas of concern? *(please tick)*** | [ ] Conversation skills [ ] Turn taking[ ] Making and maintaining friends[ ] Body language and facial expressions[ ] Understanding perspectives of others[ ] Functional communication skills (e.g., asking for help, going to a shop, route planning)[ ] 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-conversation-skills-and-social-interactions/) **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?** |  |
| **Social, Emotional and Mental Health** |
| **What are your main areas of concern? *(please tick)*** | [ ] Identifying emotions [ ] Regulating / managing emotions[ ] Mental health difficulties[ ] 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/social-emotion-and-mental-health-semh/) **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)*** | [ ]  Home management[ ]  Community skills[ ]  Time management[ ]  Problem solving[ ]  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 Speech and Language Therapy?** |  |
|  |