

**Kirklees Council**

Educational Psychology and Early Years SEND Support Service

PO Box 1720

Huddersfield

HD1 9EL

Tel: 01924 483744

dewsbury.psychology@kirklees.gov.uk

www.kirklees.gov.uk

**V3**

**Educational Psychology – Consultation Request – Post 16**

**Concern Type (*please indicate)***

Individual Child (SEN Support)**[ ]  (**please complete all sections)

Class**[ ]** Group**[ ]** School Issue**[ ]** Other**[ ]  (**please complete sections 3, 4 5 and 6)

YP in LA Care: Y/N       Responsible Authority:

**SECTION 1: Young Person Details**

Surname:       First Name(s):       Date of Birth:

Previous Names (AKA):

Male: [ ]  Female: [ ]  Unique Pupil No:       Year Group:

Name of School/Higher Education Setting:

Attendance Days & Times:

Home Address:

1st Language:       Interpreter/signer required: Yes [ ]  No [ ]

**SECTION 2: Parent / Carer Details – Where Appropriate**

**Primary carer details:** Full Name:

Address if different from above:

Telephone Number/s:       Relationship to child:

1st Language:       Interpreter/signer required for Parent/Carer: Yes [ ]  No [ ]

Does this person have Parental Responsibility: Yes [ ]  No [ ]  (if No – complete below)

Name of person with Parental Responsibility:

Address:

Telephone Number/s:       Relationship to child:

1st Language:       Interpreter/signer required: Yes [ ]  No [ ]

**SECTION 3: Person completing this form**

Designation/Title:       Full Name:

Contact Number:       Contact Email:

Address of School or Setting:       Date Form Completed:

Has this referral been discussed and agreed with your Educational Psychologist? **Yes** **[ ]  No** **[ ]**

NB *If you have ticked ‘no’ then please discuss and agree this referral with your Educational Psychologist prior to submission as it will otherwise be returned to you*

**SECTION 4: Current situation (What are your concerns? Please be as specific** as possible)

**SECTION 5: Strategies used** *(describe any strategies that have already been tried to change the situation, including whole school, class and individual approaches and please state how effective they have been)*

|  |  |  |
| --- | --- | --- |
| **Area Of Need** | **Strategies Used** | **Outcome** |
|       |       |       |

**SECTION 6: Desired Outcome of Involvement** *(describe what the situation will be like when things are better than they are now. How do you want things to change? How will you know that your plan will be successful?)*

**SECTION 7: Young Person/Parent agreement and involvement** *The consultation request for Educational Psychology involvement should be discussed with the young person or, where appropriate, with the person with parental responsibility and their* ***agreement and signature obtained before this form is returned****.*

*For young people in care of the Local Authority the person with parental responsibility is often the Social Worker.*

***Please note for young people in care of the Local Authority agreement extends to include the possibility of an Inclusion Worker for Children in Care or Outreach Teacher for Children in Care working alongside the Educational Psychologist.***

*Where appropriate Parents/carers are invited to be part of the consultation meeting.*

**I agree to this information being contained in the referral being sent to Educational**

**I agree to this referral being made for Kirklees Educational Psychology Service to undertake a consultation and, where appropriate, work with me in support of my Special Educational Needs (SEN).**

Young Person Signature: Date:

**Where Appropriate: I agree to this referral being made and for Kirklees Educational Psychology Service to undertake a consultation and, where appropriate, work with my child in support of their Special Educational Needs (SEN).**

Parent/Carer Signature: Date:

**Privacy Notice**

When a referral is made to the service we collect and process information about you/your child under Article 6(1)c, 6(1)(e) and Article (9(2)(h) of the GDPR, in order to fulfil our statutory obligations under the Education Act 1996 and the Children and Families Act 2014.

**We have a duty to make sure that we only ask you for personal information that is relevant to our role and the work we are doing; that we only record and keep information about you if we need it for the purpose of our work and to store your personal information safely so that others can't access it.**

Your/your child’s information will be stored securely and kept in line with Kirklees’ retention schedule. If you would like further information about how we manage your data, please see the privacy notice for Kirklees Council at [www.kirklees.gov.uk/privacy](http://www.kirklees.gov.uk/privacy)

If you would like further information about the Educational Psychology & Early Years SEN Support privacy notice, please contact: dewsbury.psychology@kirklees.gov.uk

If you have any worries or questions about how your personal data is handled, please contact the Data Protection Officer at DPO@kirklees.gov.uk or by ringing 01484 221000.

**Forms should be returned** via the school’s ANYCOMMS box to: CHYPS EPS

Queries regarding the form please ring: 01924 483744