

EPSReqV1

**Educational Psychology – Consultation Request**

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

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

ClassGroupSchool IssueOther **(**please complete sections 3, 4 5 and 6)

**SECTION 1: Child Details**

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

Previous Names (AKA):

Male:  Female:  Unique Pupil No:       Year Group:

Name of School/Setting:

Attendance Days & Times:

Home Address:

**SECTION 2: Parent / Carer Details**

**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

Designation/Title:       Full Name:

**SECTION 3: Person completing this form**

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: Parent consent and involvement** *The consultation request for Educational Psychology involvement should be discussed with parents/carers and their agreement obtained before this form is returned. 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 Psychology and Early Years SEN Support Service:**

Parent/Carer Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forms should be returned either:**

Via the school’s ANYCOMMS box to: CHYPS EPS

Or by post to: Educational Psychology & Early Years SEN Support,

Westtown Centre, Boothroyd Green, Dewsbury, WF13 2RQ

Queries regarding the form please ring: 01924 483744