



Request for the Involvement of an Educational Psychologist

Child or Young Person's Details

Name: DOB:

Name of all person(s) with parental responsibility:

Address: Parent's address: (if different)

.....
.....
.....

Telephone numbers: (Home)..... (Work)

(Mobile)

Email Address

Is this child 'Looked After?': Yes No (please tick)

If Yes, which is the responsible Local Authority:

Name of carer/guardian: (if appropriate)

Name of social worker: (if appropriate)

Details of educational setting

Name of school/setting: Year Group:

Class Teacher/Key Worker:

Class Teacher's Email Address

(Please provide to enable prompt and direct communication with EP)

Briefly detail the rationale behind this referral:

.....
.....
.....

Has Early Help Assessment (EHA) been: Initiated? Yes No
Completed? Yes No

Other agencies involved: Please attach relevant reports

Agency	Title & name of contact	Nature

The decision to refer this child to the Educational Psychology Service must be agreed by the child's parent(s) / carer(s), head teacher and the school Special Educational Needs Coordinator (SENCo).

Please provide email addresses to facilitate direct communication.

Parental consent (must have legally defined parental responsibility):

Name: Relationship to Child:

Signature: Date:

Email Address

Head Teacher / school SENCo requesting Educational Psychologist involvement:

Name: Title:

Signature: Date:

Email Address

If the young person is over 13 years of age they themselves can give consent for Educational Psychology Service involvement.

Young person giving consent for Educational Psychologist involvement:

Name: Title:

Signature: Date:

Young person to delete as appropriate:

I would / would not like (my parent(s) / carer(s) to be informed about this referral and the work that the Educational Psychologist does with me.

Appointed representative consent:

I have been legally appointed to act, complete this form, and take this decision on behalf of the child / student as he / she is deemed to not have the capacity to make this decision under the Mental Capacity Act 2005.

Name: Title:

Signature: Date:

Email Address

The information held in the child's file will be maintained according to the requirements of the Data Protection Act (2018).