

**Request for Service Involvement**

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| **Name of child/young person:**  **Date of birth: Male/Female:**  **Parent(s)/Carer(s)** (Include title and full names*)*:  **Address:**  **School/ setting: Year Group:**  **Telephone number:**  **Child Looked After: Yes: 🞏 No: 🞏 (If yes the named social worker needs to sign carer permission)** |
| **Is the current school/ setting happy to have contact? If so who should be contacted?** |
| **Previous school(s)** |
| **What are the child / young person’s views?** What do you like / not like doing? What are you good at? What’s easy? What’s hard? What do you think you need help with? What kind of help works or doesn’t work? *Who do you like to be with?* |
| **Main concerns.** **Please describe your reason/s for making contact and what you hope to get out of this involvement.** |
| **Eyesight Last date checked Implications**  **Hearing Last date checked Implications** |

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| **Any health difficulties e.g. asthma, eczema, epilepsy, bedwetting etc** |
| **Speech development. How has this progressed? If concerned please describe how and say when you first became worried.** |
| **Physical/motor development. e.g. learning to crawl, learning to walk, riding a bike, manipulating objects, using a pencil. How has this progressed? If concerned describe and say when you first became worried.** |
| **Favourite activities.** |
| **Behaviour at home.** |
| **Relationships with parents, brothers, sisters and peers.** |
| **Any important family events e.g. illnesses, separations of significant family members.** |
| **School’s views with regard to the concerns.** |
| **Progress and any other assessment information e.g. reading/spelling ages.**  **English.**  **Maths**  **Science** |
| **Friendships in school.** |

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| **Behaviour at school.** |
| **Extra help provided by school? If so what is this, and how often is it provided?** |
| **What do you want to get out of this educational psychology involvement?** |
| **Any other comments.** |

**For school referrals only**

**Completed by: Date:**

**Designation:**

**Secure e mail address for report to be sent to in school (if applicable):**

**The following box MUST be signed before any action can occur.**

**Young People aged 16 or over can be invited to sign on their own behalf.**

**Parental / carer consent / young person’s consent**

I agree to the involvement of the Educational Psychologist in helping to meet the educational needs of my child/myself.

**Signed:**

**Parent/Carer**

**Young Person**

**Date:**

**Data Protection Act – Use of Personal Data**

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| **The educational psychologist will hold paper and electronic records on your child, including this referral form, reports, file notes and information provided by other Education Health and Care agencies.**  **Please sign below to show that you are happy for us to do this for you and your child. Please note that our involvement will not be affected if you do not consent to the sharing of information (see box below).** | |
| **Parent/Carer**  **Date:** | **Young Person**  **Date:** |

In working with you, it is sometimes useful to be able to talk with other people who know you, in order to complete our assessment or improve the service we can offer you. This may be to ask for information from others about the individual referred for an assessment. It could also be useful for us to discuss our assessment and to explain what we know to other workers to help them in working with you.

All communications will be treated with confidentiality and discussed appropriately. Please let us know who such workers might be, and sign below to show that you are happy for us to contact them to discuss such information.

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| **Professional** | **Please state names and, if possible, phone numbers** | **Please initial if you are happy for us to ask for information about you/your child from this person** | | **Please initial if you are happy for us to share our information about you/ your child with this person** | |
| **Parent** | **Young Person** | **Parent** | **Young Person** |
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**Where did you hear about us?**

Thank you for filling in this form. Please return attaching any recent school reports or assessments from other professionals that may be of interest.

**Debbie Haffner**

**EDUCATIONAL PSYCHOLOGIST**

Please post to: Debbie Haffner, Roundway Centre, 2 Roundway, Bramhall, Stockport, SK7 1DG or email: Debbie@leahburman.com.