

# Educational Psychology Service

## Request for Involvement Form



### ***What is the purpose of this form and what will happen?***

This form should be completed by any professional wishing to request Educational Psychology involvement in relation to a named child. It should be noted that 'involvement' does not necessarily imply that the EP will carry out direct work with the child. Involvement might constitute any of the following activities:

- A consultation with professionals, school staff and/or family members
- Attendance at meetings such as TAC, PSP, PEP, Annual Reviews, etc.
- Liaison with other services working with the child
- Observation of the child in the classroom or other specific context
- Direct assessment work

### ***Completing the form***

Parents and/or carers should be aware that you are completing this form unless there is a child protection issue which has been discussed with the EPS prior to referral. They should read/be read the contents of the *entire* form prior to giving consent for its submission.

Please complete all sections to the best of your knowledge. Incomplete information may reduce the chance of your request being accepted.

Please do *not* attach any additional documents other than those requested on the form. Further information may be requested if your request is accepted. *Attached documents will not be considered in place of information requested on the form itself.*

### ***Data Protection and information sharing***

In completing this form you are submitting confidential information to the Educational Psychology Service. This information will be stored on our system and protected in accordance with the requirements of the data protection act.

Information held by the Educational Psychology Service may be shared with other local authority agencies designated to protecting the welfare of children and young people. The EPS will also request other agencies to share relevant information for the purposes of meeting a child's needs.

### ***Informed consent***

|   | Parent/carer signature |
|---|------------------------|
| I have read/ have been read each of the 5 pages of this request                             |                        |
| I understand that this form is to request involvement by the Educational Psychology Service |                        |
| I understand that information may be shared between agencies                                |                        |
| I give my consent for this request to be made   |                        |

# Educational Psychology Service

## Request for Involvement Form



### Child/ Young Person's Details

|                     |  |            |  |
|---------------------|--|------------|--|
| Full Name of Child: |  | Age        |  |
| Home Address        |  | D.O.B.     |  |
|                     |  | Gender     |  |
| Post Code           |  | Contact No |  |

### Parent/Carer Details

*(Include all persons with parental responsibility and significant others such as adults living with the child, please add additional sheet if required)*

|                          | Person 1 | Person 2 | Person 3 | Person 4 |
|--------------------------|----------|----------|----------|----------|
| Title (Mr/Mrs/Other)     |          |          |          |          |
| First name               |          |          |          |          |
| Surname                  |          |          |          |          |
| Relationship to child    |          |          |          |          |
| Parental responsibility? |          |          |          |          |
| Living with child?       |          |          |          |          |
| In armed forces?         |          |          |          |          |

### Details of siblings

|           | Name | Age | Living with child? | Full/ half / step sibling? |
|-----------|------|-----|--------------------|----------------------------|
| Sibling 1 |      |     |                    |                            |
| Sibling 2 |      |     |                    |                            |
| Sibling 3 |      |     |                    |                            |
| Sibling 4 |      |     |                    |                            |

If there is a CAF for this child/family please attach and tick here:

## Child's Education setting

|  |  |
|--|--|
| Current school/<br>pre-school  |  |
| Previous schools<br>(list all pre, primary<br>and secondary<br>schools attended) |  |

## Perceived Area of need (Tick most relevant)

|                           |                          |  |                          |
|---------------------------|--------------------------|--|--------------------------|
| Cognition & learning      | <input type="checkbox"/> | Behaviour, Emotional and Social Difficulty | <input type="checkbox"/> |
| Physical Disability       | <input type="checkbox"/> | Sensory impairment(s)                      | <input type="checkbox"/> |
| Speech and Language Needs | <input type="checkbox"/> | Medical Needs                              | <input type="checkbox"/> |

## Referrer's details

|                         |  |               |  |
|-------------------------|--|---------------|--|
| Full name               |  |               |  |
| Job Title/ organisation |  |               |  |
| Address                 |  |               |  |
| Telephone No.           |  | Email address |  |

## Other professionals involved (Indicate all services this child is known to)

| Service                     | Lead/contact professional | Is the case open? | Service            | Lead/contact professional | Is the case open? |
|-----------------------------|---------------------------|-------------------|--------------------|---------------------------|-------------------|
| Children's Social Care      |                           |                   | ASSC               |                           |                   |
| Family Focus                |                           |                   | HUB                |                           |                   |
| EWO                         |                           |                   | BST                |                           |                   |
| Aiming High                 |                           |                   | TASS/LAL           |                           |                   |
| CAMHS                       |                           |                   | OT                 |                           |                   |
| LAC                         |                           |                   | SALT               |                           |                   |
| Disabled Children's Team    |                           |                   | Sensory Consortium |                           |                   |
| Traveller Service           |                           |                   | Paediatrician      |                           |                   |
| EAL                         |                           |                   | EYFSIS             |                           |                   |
| Margaret Wells Furby Centre |                           |                   | YOS                |                           |                   |

Others not listed \_\_\_\_\_

**Nature of referrer's concerns** (please complete all sections fully)

|  |  |
|--|--|
| Brief description of professional's concerns |  |
| Actions taken/ intervention in place         |  |
| Impact of current actions and how evaluated  |  |
| Referred child/ young person's strengths     |  |

School referrers:      please attach provision map and tick here:     

                                 please attach attainment data and tick here:     

**Parental views** (*please complete all sections fully*)

|  |  |
|--|--|
| Hopes for my child's future            |  |
| Things that my child finds challenging |  |
| What worries me as a parent            |  |

**Desired outcomes** (*for parents and professionals, please tick all that are relevant*)

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Increased understanding of the situation                | <input type="checkbox"/> | The child/young person will understand their situation/needs | <input type="checkbox"/> |
| Ideas for appropriate ways to support the child         | <input type="checkbox"/> | Other ( <i>please describe</i> ):                            |                          |
| Increased consistency in managing the situation         | <input type="checkbox"/> |  |                          |
| Improved communication between professionals and family | <input type="checkbox"/> |  |                          |

**Child/ young person's views** (please support the child in expressing their views in a manner that is appropriate to their communication skills, this could include their written views, transcribed views, drawings, smiley/sad face scales, etc.)

How I feel about school

My hopes and dreams

Things that I enjoy/make me happy

Things that I find difficult/ make me sad

Return to: Educational Psychology Service, 3<sup>rd</sup> Floor South, Time Square, Market Street, Bracknell RG12 1JD