

# GLOUCESTERSHIRE EDUCATIONAL PSYCHOLOGY SERVICE

## REQUEST FOR EDUCATIONAL PSYCHOLOGIST INVOLVEMENT

Child Information		
Name of Child:		DOB:
Male/Female:	Age:	Year Group:
Home Language:		Ethnicity:
Names of Parents/Carers: <i>(if child is in care please also state who has parental responsibility)</i>		Contact Details: Home Tel: Mobile: Email:
Child's Address:		
Post Code:		
Is the child in the Public Care? Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Adults with Parental Responsibility: Name: Address:	
School Information		
Current School/Setting:		Date of Entry:
Address:		
Telephone:	Email:	
Days attending: Mon am/pm Tues am/pm Weds am/pm Thurs am/pm Fri am/pm		
Previous School/Pre-school Settings:		
Educational Psychologist Involvement Agreed:		
What outcomes do you hope will be achieved as a result of Educational Psychologist involvement?		

X

\_\_\_\_\_

Signature of Headteacher/SENCo

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

X

\_\_\_\_\_

Signature of Educational Psychologist

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

## INFORMATION AND CONSENT FROM PARENTS/CARERS

### BY SIGNING THIS FORM I AGREE TO THE FOLLOWING:

- I give consent for an Educational Psychologist to become involved with my child. I understand this may involve a range of different activities including: talking with staff and other professionals, observation, individual work with my child, and attendance at review meetings.
- I have been given a copy of the Gloucestershire Educational Psychology Service Information for Parents and Carers.
- I understand that I will be given a copy of any written Educational Psychologist's records and that a file will be opened for my child and that this will be kept in a secure place.
- I give consent for other copies of other services' reports to be made available to support this request.
- I give consent for this form to be shared with other professionals to determine whether different types of support may be available to my child.
- I have read the County Council's GDPR Privacy Notice and will keep a copy for future reference. (Also available at <https://www.gloucestershire.gov.uk/education-and-learning/special-educational-needs-and-disability-send/educational-psychology-service-eps/request-educational-psychologist-involvement/>)
- I have read the data protection information at the bottom of the page

**Additional parent/carers comments:**

*Please note that if the Educational Psychologist assesses your child using the British Ability Scales III anonymised data about your child will be passed to GL Assessment Limited (the provider for the tests) in order for them to score the tests and report on results. GL Assessment will also use anonymised result data to analyse the effectiveness of its tests. All processing carried out by GL Assessment will be against an ID number only. GL Assessment will not be able to identify your child from this ID number and will not at any point have access to your child's name, address, school or any other personal details. Please tick if you do **NOT** want this information shared.*

<b>Do you agree to the Educational Psychology Service sending correspondence to you by encrypted email?</b>	YES/NO
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\_\_\_\_\_  
**Name of Child**

**X**  
 \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Relationship to Young Person**

 **Data Protection Act.** This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals such as teachers, health and social workers etc, to inform their work. The information collected may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources. For further information please contact the Educational Psychology Service (see leaflet for contact information).

## SUPPORTING INFORMATION

<b>Other Agencies Involved:</b>				
<b>Specialist</b>	<b>Date Involved</b>	<b>Name of Professional</b>	<b>Tel No:</b>	<b>Letter/Report Attached</b>
Previous Educational Psychology Involvement				
Advisory Teacher				
Alternative School Provision, and Behaviour Support				
Early Years				
Health Visitor				
GP				
Paediatrician				
Occupational Therapist				
Speech and Language Therapy Service				
CYPS or CAMHS				
Families First+ Team, Family Support				
Social Worker/Community Family Support Worker				
CYPwD Service				
Other				

<b>Checklist to Support Request:</b>	<b>Tick</b>
Completed <b>ALL</b> the details on Page 1	
My Plan, My Plan+ or Personalised Educational Plans	
Provision Map	
Pastoral Support Plans	
Reports from Other Involved Professionals	
Visual Representations of Relevant Data e.g. Behaviour Charts	
Completed EYFS and/or SATs data from your setting or previous settings if necessary	
Information about all the interventions you have tried and their outcomes with reference to Gloucestershire's Intervention Guidance	

***Please remember to attach copies of My Plan & My Plan+/Personalised Learning Programme/Provision Maps or any other documentation about existing special needs support, planning and intervention to this request. Full information will inform any future planning for educational psychologist consultation or involvement. Thank you.***

**You can contact the Educational Psychology Service on the numbers below:**

**Gloucester 01452 328004**

**Cheltenham 01452 328771**

**Stroud 01452 328131**

**Forest of Dean 01452 328910**

