

EDUCATIONAL PSYCHOLOGY SERVICE

Completion Guidance Notes for Request for Involvement

This form should ONLY be completed if a referral has been agreed by a Buckinghamshire Educational Psychologist.

The form must be signed by a parent/guardian/self-referrer to indicate consent to Educational Psychologist involvement. A referral cannot be processed until a signed form is received.

If you require further support please contact the Educational Psychology Service on either 01494 732187 (Amersham office) or 01296 383219 (Aylesbury office), the Parent Partnership Service on 01296 383754 or the child/young person's school.

1. Child/Young Person's ethnicity

This is the ethnic group that the child/young person most identifies him or herself with. If unknown, please write 'Not Obtained'. If the parents/carers do not wish this information to be included, please write 'Refused'.

2. Name of parents/carers

This is the name of the individual(s) who has legal responsibility for the child/young person.

3. Relationship to child/young person

This is the relationship of the parents/carers to the child/young person, for example parent, foster carer and grandparent.

4. Child/young person's Special Educational Needs

Please indicate the child/young person's primary and secondary special educational needs, for example Autistic Spectrum Disorder (ASD), Visual Impairment (VI) and moderate learning difficulty (MLD). If you are unaware or unsure of the child/young person's special educational needs, please write 'unknown'

5. Current level of support in school

This is the level of special needs that describes the school or setting's level of concern. Only ONE must be selected.

6. Other educational services currently involved

These are any **EDUCATIONAL** support services that are currently involved with the child/young person, for example Specialist Teaching Service (STS), Pupil Referral Unit (PRU) and Educational Welfare Service (EWS).

7. Other Agencies Involved:

Please indicate any **OTHER** agencies or professionals who have been involved with the child/young person, for example Paediatrician, Speech and Language Therapist, Social Worker and Health Visitor.

If known, please provide the professional's name and contact details and attach copies of any reports they have written.