

Educational Psychology Service

County Hall
Walton Street
Aylesbury
HP20 1UZ
Tel: 01296 383219

Council Offices
King George V Road
AMERSHAM
HP6 5BY
Tel: 01494 732187

Email: eps@buckscc.gov.uk

Website: www.buckscc.gov.uk/schools/eps

Request for Involvement - CONFIDENTIAL

Family name:	Freud	Date of birth:	1/1/2000
Forename(s):	Simon	Gender:	Male
Address(es):	1 Jung Place, Aylesbury, Bucks		
Child/Young person's ethnicity:	Child/Young person's home language(s):	Child/Young person's Special Educational Needs (if determined):	
White British	English	Behavioural, social and emotional difficulties	
Name of parents/legal guardian:		Relationship to child/young person:	
Dr and Mrs Freud		Parents	
Telephone numbers:	Home:	Work:	Mobile:
	01296 122234	01494 654321	07000 123456
Additional contact details, e.g. alternative address:			
School/Setting:	Date of entry:		
County Primary	1.9.2010		
Current National Curriculum Year:	National Curriculum Year in which the child/young person is taught:		
0	0		
Current level of support in school (please mark ONE only):			
Name and address of child/young person's General Practitioner (GP):		Name and address of other agencies and/or services involved:	
Dr Foster, Gloucester Road, Aylesbury		Speech and Language Therapist, Ms S Lang	

Nature of work agreed with the Educational Psychologist *(To be completed by the Educational Psychologist/team member).*

Consultation with parents and school staff in school. Gather information from other services/agencies. Observation and individual interview with Simon.

Educational Psychologist: Dr A Psychologist

Signed: **Date:** 6th Sept 2010

REFERRER DETAILS (Name, title, address, contact number, email address, relationship to child/young person or agency represented) *(If you are referring yourself please indicate).*

Dr Freud - parent. Address as above
sfreud@serviceprovider.com

How are the child/young person's needs affecting their well-being and educational progress? What concerns might an Educational Psychologist help you to explore? *Please continue on a separate sheet if necessary*

Parental Consent *(To be completed by an adult with parental responsibility).*

I have received a copy of the Educational Psychology Service (EPS) information leaflet and have read and understood this form. I give my permission for the EPS to be involved in work with my child, and for information to be held to support this work. I understand and agree that information may be shared with partner agencies in health and local public services in the interests of my child, and in accordance with the Data Protection Act 1998. I am the parent/guardian of the child named on this form.

Name: Dr Freud

Signed: **Date:** 7th Sept 2010

Self-referrer Consent

I have received a copy of the Educational Psychology Service (EPS) information leaflet and have read and understood this form. I give my permission for the EPS to be involved in work with me and for information to be held to support this work. I understand and agree that information may be shared with partner agencies in health and local public services in my interest and in accordance with the Data Protection Act 1998.

Name:

Signed: **Date:**

Please ensure that you send copies of recent reports or documentation