**Educational Psychology Team – Request for Involvement**

## Essential information about a Child or Young Person

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| Name of setting: | Click or tap here to enter text. |
| Date of request: | Click or tap to enter a date. |
| Date received by EPT: | Click or tap to enter a date. |
| Link Educational Psychologist: | Click or tap here to enter text. |

# Details of Child or Young Person

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| --- | --- |
| First Name: | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Child or Young Person’s email: | Click or tap here to enter text. |
| Gender: | Choose an item. |
| Date of birth: | Click or tap to enter a date. |
| Current Year Group: | Choose an item. |
| Date started at current school: | Click or tap to enter a date. |
| Unique reference no (UPN): | Click or tap here to enter text. |
| Is the child or young person disabled? | Choose an item. |
| If yes, please give details: | Click or tap here to enter text. |
| Does the child have severe anxiety, and/or have they previously made an allegation against an adult?  | Choose an item. |

# Details of Parents or Carers

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| Name(s): | Click or tap here to enter text. |
| Telephone mobile/landline: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Address (if different from above): | Click or tap here to enter text. |
| Relationship(s) to child or young person: | Click or tap here to enter text.  |
| Parental responsibility: | Choose an item. |

# Current Family and Home Situation

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| (Include information on family structure including siblings, other significant adults; who lives with the child and who does not live with the child, any significant events, changes of circumstance, interruptions to schooling, out of school activities, tutoring etc) |
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| Click or tap here to enter text. |

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| Child’s first language: | Click or tap here to enter text. |
| Parent’s first language: | Click or tap here to enter text. |
| Other languages spoken in the home: | Click or tap here to enter text. |
| Interpreter required? | Choose an item. |
| Ethnicity: | Choose an item. |
| If other, please specify: | Click or tap here to enter text. |

# Assessment information

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| SEN status: | Choose an item. |
| Areas of concern: | [ ]  Cognition and Learning[ ]  Communication and Interaction[ ]  Social, Emotional, Mental Health[ ]  Physical and/or Sensory[ ]  Autistic Spectrum Conditions |
| Attendance over the last academic year (%) | Click or tap here to enter text. |
| Date of last hearing test: | Click or tap to enter a date. |
| Date of last vision test: | Click or tap to enter a date. |
| Please indicate level of Social Care involvement: | Choose an item. |

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| **Current and previous levels of attainment**: Indicate current and previous attainment over last two years in core curriculum areas, to indicate rate of progress *(Information can be attached as a separate document with the most up to date progress and attainment data from your whole school tracking and monitoring system, e.g. Routemap; Sims):*  |
| **Curriculum Area** | **EYFS Age Band (where relevant)** | **End of KS1/2 Results** | **Previous Year Attainment** | **Current Attainment** |
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# Reason for Current EP Involvement

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| What are the child or young person’s strengths and interests? What is working well? | Click or tap here to enter text. |
| Who is most concerned about this child or young person? What is the nature of the concern and how can the EP help? | Click or tap here to enter text. |
| What interventions, strategies and support mechanisms have been tried and what impact have they had? *(Attach current and most recently reviewed SEN Support Plan)*  | Click or tap here to enter text. |
| On a scale of 1 (really helpful) to 10 (not helpful at all), how helpful are your current strategies? | Choose an item. |
| What do you hope to gain from EP involvement? What questions would you like the EP to help you with?  | Click or tap here to enter text. |
| Views of Child/Young Person’s: *These can be attached as a separate document (e.g. One Page Profile, Pen Portrait)* | Click or tap here to enter text. |
| Views of Parent/Carer’s:*These can be attached as a separate document*  | Click or tap here to enter text. |

# Services working with this child or young person

## Professionals supporting me and my family

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| **Name** | **Role & Agency** | **Contact details (telephone/email)** | **Date(s) of involvement** | **Report (Y/N)** | **Currently involved (Y/N)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |

## Any Informal Family or Community Based Support

*Any organised activities the child/young person attends outside of school hours (e.g. through Local Offer or informally through family support)*

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| **Activity**  | **With Whom**  | **When (e.g. how often)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Details of Person requesting involvement

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| Name, Role and Address of SENCO/Lead Professional: | Click or tap here to enter text. |
| Telephone: mobile/landline: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Signature: | Click or tap here to enter text. |

# Parent/Carer/Young Person Consent

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| **Please read through the following points and sign the form if you agree to all the following:*** I agree to this referral.
* I have seen the completed form and agree to its contents.
* I agree to the involvement of the Educational Psychologist with me/my child and understand the reasons for it.
* I have been given a copy of the Educational Psychology Team information leaflet and/or seen the whiteboard video on the Educational Psychology Team page on the Barnet Local Offer: <https://www.barnetlocaloffer.org.uk/pages/home/information-and-advice/how-to-get-help/how-schools-and-other-education-services-can-help/educational-psychology>.
* I understand that I am entitled to withdraw permission for the educational psychologist to work with me/my child before the EP has been in to the school regarding me/my child and to do so it is my responsibility to put this in writing to the Educational Psychology Team.
* I agree information may be shared with other agencies that are or will be involved with me/my child.
* I understand the information that is recorded on this form and that it will be stored for 35 years and used to provide services to support me/my child.
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| Signed Parent/Carer of Child/Young Person | Click or tap here to enter text. |
| Name | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |
| It is preferred that forms are completed electronically and **submitted in full via encrypted email or USO-FX secure email system** to EducationalPsychology@Barnet.gov.uk or to the link Educational Psychologist. Please enclose relevant additional information such as SEN Support Plans, Attainment/Progress data and reports from professionals. Please note: * If submitting electronically, print off this page after completion for parents/carers to read and sign. Please retain a copy for your records and return a scanned copy via encrypted email or USO-FX, or hand a copy to the Educational Psychologist prior to involvement. An EP is unable to maintain records of activity without signed consent.
* A new request for involvement form will need to be completed if there has been no EP involvement for one year.
* Save request form in Microsoft Word (.docx) format to ensure that drop downs work.
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| **Privacy Notice**The information provided when a request for involvement is made to the Educational Psychology Team will be handled in compliance with the General Data Protection Regulation (GDPR). You have the right to make a formal request in writing for access to personal data held about you or your child, which must be responded to within 30 working days. You also have the right to request:* a correction of any inaccurate data we hold about you or your child
* restricted processing or sharing of you or your child’s data, where permitted by law
* a withdrawal of consent and removal of data relating to you or your child, where permitted by law

The retention of you or your child’s information will vary between organisations and will be governed by their records retention policy. Under the Children’s Act 2004, our service has a duty to work with partners to provide and improve services to children and young people in the area. Therefore, this information may be used for other legitimate and statutory purposes and we may share this information, where necessary, with other bodies responsible for administering services to children and young people. This can include, but is not limited to, when we believe there is risk of significant harm to a child, young person or vulnerable adult, and for the purposes of crime prevention and national security. For more information, please visit the Educational Psychology Team page on the Barnet Local Offer at: <https://www.barnetlocaloffer.org.uk/pages/home/information-and-advice/how-to-get-help/how-schools-and-other-education-services-can-help/educational-psychology> More information about your rights are available on the London Borough of Barnet website. If you have further concerns or would like to make a complaint, please visit the *Complaints* page on the Barnet Local Offer <https://www.barnetlocaloffer.org.uk/> |