

8	Pupil has seen an Educational Psychologist or has an consultation / appointment to see an EP a) If yes, please include the name of the EP and the date here b) If not, has the pupil been raised in the planning meeting	Yes/No
9	Pupil has accessed or is accessing alternative provision to maintain their school place. Please provide the details.	Yes/No
12	Professional involvement – please list which services are involved i.e. Start Well, CAMHS, YOT, Restorative Solutions, DIVERT, MST, YIDAT, Barnados, Police etc.	Yes/No

Name of person completing form: Designation: Date:
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This form should be returned directly to the School Organisation Team –
Email – schoolplaces@wigan.gov.uk

Should you have any queries please contact us on 01942 489013