|  |  |  |
| --- | --- | --- |
|  | EDUCATIONAL **PSYCHOLOGY**  **SERVICE** |  |

**Request for Service Involvement**

|  |  |
| --- | --- |
| **Name of School/College/Setting:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason for the request for involvement** | 🞎 **Has an Early Help been completed? If yes, please tick and attach. There is no need to repeat information already on the Early Help** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Primary Need** |  | **Additional Need(s)** |
| 🞎  🞎  🞎  🞎 | Cognition and Learning  Communication and Interaction  Sensory and/or Physical Needs  Social, Emotional and Mental Health Difficulties | 🞎  🞎  🞎  🞎 | Cognition and Learning  Communication and Interaction  Sensory and/or Physical Needs  Social, Emotional and Mental Health Difficulties |

**Personal Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child/Young Person** |  | **Date of Birth** |  | **Male/Female** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent(s)/Guardian *include title and full name*** (person with parental responsibility) |  | **Address(es)** (include postcode) |  |

|  |  |
| --- | --- |
| **Parent Email Address:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Telephone Number:** |  | **Ethnic Origin** |  | **Year Group** |  | **Attendance**  **as a %** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is the child/young person a young carer?** | 🞎 Yes  🞎 No | **Child Looked After?** | 🞎 Yes  🞎 No | **If Yes – social worker name** (they need to sign carer permission) |  |

|  |
| --- |
| **What outcomes are you working towards for this child/young person?** |
|  |

|  |
| --- |
| **What strengths/assets have you identified within the child/young person, home school or community?** |
|  |

**Agency Involvement (please check school files and record education, health and care involvement)**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Name of Professional** | **Dates of Involvement** |
|  |  |  |

|  |  |
| --- | --- |
| **Supporting Evidence Attached** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:**  **(school staff)** |  | **Date:** |  |
| **Designation:** |  | **Email:** |  |

**Consent**

|  |
| --- |
| **The following box MUST be signed before any support can take place. Young People aged 16 or over can be invited to sign on their own behalf. This Request for Service Involvement form will be valid for the entirety of your child’s education at this school. If the child changes school then a new Request for Service Involvement may be required for any future work but historic reports can be shared.**  **GDPR:**  The Educational Psychology Service will hold records on your child, including this referral form, reports, file notes and information provided by other Education Health and Care agencies. This will enable us to access information about our work with you and your child and to ensure your child gets the best possible support that is co-ordinated, joined-up and gives us an accurate record of the services that have been involved in the care of your child. More information relating to this can be found in the Educational Psychology Service Privacy Notice, which can be found using the link below:  <https://www.wigan.gov.uk/Resident/Education/Educational-support/Education-Psychology.aspx>  I/we also give consent for a video that either I/we have taken of my/our child (or one that has been recorded by school staff and shared with me/us prior to any involvement taking place) to be shown to the Educational Psychologist during a Microsoft Teams meeting. I/we understand that the Educational Psychologist will not record or store this video and will just take notes as would happen in a direct observation. I/we also understand that the recording will reflect my child at his/her best doing a favourite activity and that no other children will be included in this video.  Please sign below to show that consent to support for your child from our service which then requires the processing of personal data in accordance with our Privacy notice.  **I agree to the involvement of the Educational Psychologist in helping to meet the educational needs of my child/myself.**  ***Please note only one signature is required but an additional box has been added should you need to use it.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian** (person with parental responsibility) |  | **Date** |  |
| **Parent/Guardian** (person with parental responsibility) |  | **Date** |  |
| **Young Person (if applicable** |  | **Date** |  |