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|  | **INFORMATION ABOUT THE WORK OF EDUCATIONAL PSYCHOLOGISTS**  **2022-2023** | **Her_wbclogo_PMS_334** |

**Educational Psychologists** (EPs) work with children and young people in educational and early years settings. They draw on a range of psychological theories in their work. The underpinning ethos involves looking at the environment around the child/young person, trying to ensure that it is enabling them to reach their full potential.

To gather information about the child or young person, EPs consider carrying out the following:

* Observation(s) of the child/young person in lessons and/or at play.
* Problem-solving consultation work with school staff, families and other professionals.
* Working with the child to gather their views, hopes and aspirations.
* Completing targeted assessment using a range of tools including standardised, dynamic and other assessments to further understand their strengths and difficulties in areas such as learning and emotional well-being.
* EPs will hold face to face or virtual meetings (e.g. on zoom). School or the EP will invite you to attend.

*Please note, to ensure that we are able to respond in a timely manner if support is needed, permission for Educational Psychology involvement is sometimes sought pre-emptively. It may be the case that the Educational Psychology Service is not required and that the service does not become involved. We appreciate your time and support in gathering the requested information, and completing the form that follows, to support our efficiency and involvement should the need later arise.*

**Scan to** [Hazel.Lewis1@westberks.gov.uk](mailto:Hazel.Lewis1@westberks.gov.uk) **once completed with signed consent.**

**Please ensure that the young person is aware of all the information in this form before making the request for involvement.**

1. **PUPIL DETAILS**

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| **FULL NAME**  **(Including preferred pronouns)** | Enter name here. | |
| **DATE OF BIRTH** | Click here to enter a date. | **AGE:** Click here to enter age. |
| **ETHNICITY** | Please select ethnicity.  Please add additional information here. | **LANGUAGE:**  Click here to enter language. |
| **ADDRESS** | Click here to enter address. | **POSTCODE:**  Click here to enter postcode. |
| **TIME IN CARE** | Click here to enter time. | |
| **CARE ORDER / TYPE OF PLACEMENT (Please select)** Choose an item. | | |
| **SOCIAL WORKER NAME & TEAM** | Social Worker name.  Social Worker team. | |

1. **PARENT / CARER DETAILS**

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| **WHO HAS PARENTAL RESPONSIBILITY? (Please select all that apply)**  Click to select.  Click to select. | |
| **NAME(S)** | Click here to enter name.  Click here to enter name. |
| **PARENT / CARER ADDRESS (If appropriate)** | Click here to enter address. |
| **PARENT / CARER**  **EMAIL** | Click here to enter details. |
| **PARENT / CARER**  **TELEPHONE** | Click here to enter details. |

1. **EDUCATION DETAILS**

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| **VIRTUAL SCHOOL CONSULTANT** | Select Consultant. |
| **SCHOOL** | Click here to enter school. |
| **YEAR GROUP** | Choose an item.  **Out of Year Group? (Please check box for yes)** |
| **DATE OF ENTRY** | Click select date. |
| **DESIGNATED TEACHER NAME & CONTACT DETAILS** | Click here to enter name.  Click here to enter details. |
| **NAME OF CLASS TEACHER / TUTOR** | Click here to enter name. |
| **NAME OF KEY PERSON** | Click here to enter name. |
| **SCHOOL HISTORY & DATES** | |
| Click here to enter school.  Click here to enter start date.Click here to enter end date. | |
| Click here to enter school.  Click here to enter start date.Click here to enter end date. | |
| Click here to enter school.  Click here to enter start date.Click here to enter end date. | |
| **DOES THIS PUPIL HAVE A STATEMENT OR EHC PLAN? (Yes = Check box please)** | |

1. **ESSENTIAL INFORMATION (PLEASE COMPLETE IN FULL)**

**PLEASE ATTACH MOST RECENT PEP WITH ATTAINMENT INFORMATION**

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| **ATTENDANCE** | Click here to enter attendance. |
| **NUMBER OF FIXED TERM EXCLUSIONS THIS YEAR (With reasons)** | |
| Number of days.Number of days. | |
| Number of days.Number of days. | |
| Number of days.Number of days. | |

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| **SPECIFIC INTERVENTIONS:**  **(Including Literacy, Numeracy, ELSA, Social, Emotional, Mental Health, SLT, FRS etc.)** | **DATE STARTED & REVIEWED / ENDED** | **PROGRESS MADE**  **(Please describe impact)** |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |
| Intervention / Support type. | Enter start date  Enter end date. | Impact of intervention / support |

**OTHER AGENCIES INVOLVED: (Please attach reports)**

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| **PREVIOUS EP INVOLVEMENT** | Click to enter name. | Select date.  **Ongoing?** |
| **THERAPEUTIC THINKING SUPPORT TEAM** | Click to enter name. | Select date.  **Ongoing?** |
| **EARLY DEVELOPMENT INCLUSION TEAM / ASD ADVISORY TEACHER** | Click to enter name. | Select date.  **Ongoing?** |
| **COGNITION & LEARNING TEAM / SPECIALIST INCLUSION SUPPORT SERVICE** | Click to enter name. | Select date.  **Ongoing?** |
| **EDUCATION WELFARE SERVICE** | Click to enter name. | Select date.  **Ongoing?** |
| **ETHNIC MINORITY & TRAVELLER ACHIEVEMENT SERVICE** | Click to enter name. | Select date.  **Ongoing?** |
| **SPEECH AND LANGUAGE THERAPY SERVICE** | Click to enter name. | Select date.  **Ongoing?** |
| **PHYSIOTHERAPY & / OR OCCUPATIONAL THERAPY** | Click to enter name. | Select date.  **Ongoing?** |
| **GP / PAEDIATRICIAN** | Click to enter name. | Select date.  **Ongoing?** |
| **EMOTIONAL / MENTAL HEALTH SERVICES (CAMHS & pathway if appropriate / EHA / EMHP)** | Click to enter name. | Select date.  **Ongoing?** |

1. **REASON FOR EP INVOLVEMENT – Please prioritise reason with 1 = Most Important**

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| **FACTORS AFFECTING LEARNING** | Please select. |
| **SOCIAL, EMOTIONAL OR MENTAL HEALTH CONCERNS** | Please select. |
| **COMMUNICATION AND INTERACTION** | Please select. |
| **THINKING AND LEARNING** | Please select. |
| **SENSORY OR MEDICAL** | Please select. |

**WHAT ARE YOUR CURRENT CONCERNS?**

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| **CYP VIEWS:**  Click here to enter pupil views. |
| **SCHOOL VIEWS:**  Click here to enter school’s views. |
| **PARENT / CARER VIEWS:**  Click here to enter Parent / Carer views. |
| **SOCIAL WORKER VIEWS:**  Click here to enter Social Worker views |

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| **WHAT ARE THE DESIRED NEXT STEPS FOR THE PUPIL?** |
| **1.** Click here to insert desired outcome. |
| **2.** Click here to insert desired outcome. |
| **3.** Click here to insert desired outcome. |

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| **REQUEST COMPLETED BY:** | Click here to print name.  Click here to print role. | |
| **SIGNATURE:**  Insert signature here please. | | **DATE:**  Click here to enter date. |

1. **CONSENT**

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| I have read this request for information form and consent to the following:  I have read the information on this form and agree for this information to be shared with the Educational Psychology Service.  I understand and give permission for my child to be assessed by a member of the Educational Psychology Service (which may include a Trainee EP) face to face, with safety measures followed and potentially, over zoom where this is not possible.  I give permission for any relevant information gathered by the Educational Psychology Service to be held securely as part of the Educational Psychology Service record keeping processes. I understand that all written records about my child will be shared via school staff (usually SENCO or Headteacher). I agree that relevant information gathered by the Educational Psychology Service can be shared with other appropriate agencies involved with my child if found necessary and where a lawful basis exists.  More information about what data we collect, why, and who it is shared with can be seen on our privacy notice www.westberks.gov.uk/pneps |

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| **CONSENT GIVEN BY:** | Click here to print name.  Click here to print role. |
| **SIGNATURE:** |  |
| **DATE:** |  |

**6b. GILLICK COMPETENCE**

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| **Gillick competence** (the functional ability to make a decision) **and consenting to services**  If a young person is over the age of 16 years, they are assumed to have capacity to consent to services in their own right as per the Mental Capacity Act 2005.  This is also the case for those under the age of 16 who are deemed to be ‘Gillick competent’.  This means that if the young person consented to become involved with the EPS but their parent(s)/ carer(s)/ Social Worker did not, we could still proceed to work with them. Likewise, if a young person did not consent to become involved with the EPS but their parent(s)/ carer(s)/ Social Worker did, we would not usually proceed to work with them.  Provision is made below for young people to provide their consent where they are over the age of 16 or where the young person is under 15 or under and competent to give consent.  There are several things to consider when assessing competency or capacity to consent, including:   * the young person’s age, maturity and mental capacity * their understanding of the issue and what it involves - including advantages, disadvantage and potential long-term impact * their understanding of the risks, implications and consequences that may arise from their decision * how well they understand any advice or information they have been given * their understanding of any alternative options, if available * their ability to explain a rationale around their reasoning and decision making. |

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| Do you (staff member completing the form) believe this young person to be Gillick Competent?  **YES / NO**  **If Yes, please ask the Young Person to read the form and give consent below.** |

**7. Young Person’s Consent**

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| **To be completed by all young persons if 16 years and over unless they have been assessed as lacking capacity to consent to services.**  **And by any young person if they are 15 years or under who is competent to provide consent in their own right.**  I have read this request for information form and consent to the following:  I have read the information on this form and agree for my information to be shared with the Educational Psychology Service.  I understand and give permission to be assessed by a member of the Educational Psychology Service (which may include a Trainee EP) face to face, with safety measures followed and potentially, over zoom where this is not possible.  I give permission for any relevant information gathered by the Educational Psychology Service to be held securely as part of the Educational Psychology Service record keeping processes. I understand that all written records about me will be shared with school staff (usually SENCO or Headteacher), and my parents. I agree that relevant information gathered by the Educational Psychology Service can be shared with other appropriate agencies involved with me if found necessary and where a lawful basis exists.  More information about what data we collect, why, and who it is shared with can be seen on our privacy notice www.westberks.gov.uk/pneps |

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| **YOUNG PERSON’S NAME:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

*For our privacy notice please visit* <http://www.westberks.gov.uk/pneps>

**Please email a signed copy of this form to** [Hazel.Lewis1@westberks.gov.uk](mailto:Hazel.Lewis1@westberks.gov.uk) **and the Educational Psychologist working with the young person.**