



Please give brief details:

**What steps have already been taken?**

**What have you noticed as a result of the steps taken?**

**How would you like things to change?**

**What do you hope to get from a consultation meeting with the EP?**

*If your concern is about a pupil, please provide all the following information:*

**Date of Planning and Review Meeting when pupil was discussed with the EP: \_\_\_\_\_**

**Which other professionals are involved?**

**Arrangements, as indicated below, to be made by \_\_\_\_\_**

- |  |                                |   |
|--|--------------------------------|---|
| <input type="checkbox"/> Parents/carers to be informed |                                |   |
| <input type="checkbox"/> Teacher/keyworker informed    |                                |   |
| <input type="checkbox"/> Room booked                   | <input type="checkbox"/> Cover | <input type="checkbox"/> Organised to release staff |
| <input type="checkbox"/> Translator needed             | <input type="checkbox"/> Other |   |

**Additional information to be provided by the school:**

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Education Plan(s) | <input type="checkbox"/> Literacy/numeracy assessment     |
| <input type="checkbox"/> FS/NC assessments            | <input type="checkbox"/> Report(s) by other professionals |

**Please give relevant information about the child's educational history, including previous schools/settings attended, parental views, family background and medical problems.**

**NOTE FOR PARENTS** – The information supplied on this form will be entered on to a database and may be shared with other professionals.

Signed: \_\_\_\_\_ **Headteacher / SENCO / Manager**

Signed: \_\_\_\_\_ **Parent(s)/Carer(s) Date: \_\_\_\_\_**



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