

Chris Spencer Corporate Director People Services

## REQUEST FOR INVOLVEMENT WITH AN EDUCATIONAL PSYCHOLOGIST

Pupil's Name:	Sex: Male / Female
Date of Birth:	Foundation Stage/National Curriculum Year:
Name of Parents or Carers:	Interpreter needed? If so then what language?
Home Address:	Primary Need (Please tick ONE box only)
	1. Communication and Interaction.
	2. Cognition and Learning
	3. Emotional, Behavioural and Mental Health
Postcode	4. Sensory/Physical/Medical
Home Telephone Number:	
What is the issue that concerns you	?
(Please note that this may be an org psychological perspective may be h	anisational or practice issue where you conside



Educational Psychology Service, Harrow Council, Alexandra Avenue Health & Social Care Centre, 275 Alexandra Avenue, South Harrow, HA2 9DX tel 020 8966 6480 fax 020 8966 6489 web www.harrow.gov.uk

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 m	neeting with the EP?
If your concern is about a pupil, please provide all	the following information:
Date of Planning and Review Meeting when pur	pil was discussed with the EP:
Which other professionals are involved?	
Arrangements, as indicated below, to be made	by
<ul> <li>□ Parents/carers to be informed</li> <li>□ Teacher/keyworker informed</li> <li>□ Room booked</li> <li>□ Cover</li> <li>□ Translator needed</li> <li>□ Other</li> </ul>	Organised to release staff
Additional information to be provided by the so	chool:
☐ Individual Education Plan(s) ☐ FS/NC assessments ☐	Literacy/numeracy assessment Report(s) by other professionals
Please give relevant information about the child schools/settings attended, parental views, fami	
<b>NOTE FOR PARENTS</b> – The information supplied and may be shared with other professionals.	on this form will be entered on to a database
Signed: I	Headteacher / SENCO / Manager
Signed:	Parent(s)/Carer(s) Date:
INVESTORS Educational Payabalany Comica I	



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