

Newcastle upon Tyne

Agreement to Educational Psychology Service Involvement

Please complete this form following discussion with an educational psychologist

Child/Young Person's details	
Name:	School/Setting:
Date of Birth:	CAF Completed:
National Curriculum Year:	Gender:
Address:	Defined as disabled:
	Language(s) spoken at Home:
	Ethnicity:
Parent(s) / Carer(s) details	
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Name and address of any other person(s) with parental responsibility (please give details):	
Is the child/young person Looked After?	If Yes
Is the child/young person adopted?	If Yes, date of adoption order:
	and:
Form completed by	
Name:	Role or job title:
Signature:	Date:
Parental consent for Educational Psychology involvement provided by	
Name:	Relationship:
Signature:	Date:
For EP Completion	
Start Date:	
Reason:	
EP Name:	
Source:	
SEN Primary Need:	

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(A) To be completed by parent(s) / carer(s):

What are your concerns about your child?

Are there any arrangements needed to help us communicate with you or your child (e.g. the need for translation or interpretation), please give details below:

(B) To be completed by school/setting/professional:

What Issue(s) do you want to address?

What action has the school / setting taken?

Once completed send this form to the educational psychologist for your school / setting.