

**CONSULTATION REQUEST FORM - Child / Young Person**  
**Educational Psychology**  
**Quality Division**  
**Directorate for People**



**Please only complete this request following a Duty call telephone discussion and agreement with a Duty Senior Psychologist.**  
**Please attach current plans and recent reports.**

Child or young person's		Date of birth	
Name of Education setting		Male/Female	

**Parents/carers to complete – essential for consultation request to proceed**

Name and Title:	Relationship:
Address and telephone number:	
<p><i>Parental consent: I / We give permission for Educational Psychology Service staff to discuss information about our son/daughter with education staff and other involved professionals and to carry out any consultative approaches relevant to the situation, i.e. interviews, observation and or/assessment as necessary.</i></p>	
Signed.....	Date.....
(Parent / Guardian)	
First language	Parents' / Carers' preferred language
Is the pupil an Asylum Seeker / Refugee?	Yes / No (please circle)

Please answer all of the following questions.  
 Return the completed form to the Educational Psychology Service:

<p><b>Nature of concern, priority need or issue (tick and comment):</b></p> <p>Bullying <input type="checkbox"/></p> <p>Emotionally Based School Refusal / School Anxiety / Separation Anxiety <input type="checkbox"/></p> <p>At-risk of Exclusion from an Educational Setting <input type="checkbox"/></p> <p>Complex Special Educational Needs (Emotional, Social and Behavioural Needs) <input type="checkbox"/></p> <p>Complex Special Educational Needs (Significant Barriers to Learning) <input type="checkbox"/></p> <p>Transition to school <input type="checkbox"/></p> <p>Other <input type="checkbox"/> _____</p> <p>Information gathered to clarify concerns / issues</p>
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Please note names and role, of other professionals who have been involved with dates and time period of intervention.

What actions have been taken to address concerns / issues?

What have been the outcomes of these actions?

What kind(s) of Educational Psychology involvement do you feel would be helpful ?  
(tick and comment)

- Consultation
- Assessment / Clarification of Needs
- Advice for Setting
- Direct Work / Intervention with Child / Young Person
- Support for Family
- Contribute to a Meeting
- Other .....

What is your hoped for outcome for the child / young person?

Completed by (please print):

Name:

Designation:

Date:

Telephone number:

Please indicate best time to contact:

Email address:

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**FOR INTERNAL USE ONLY**

**No Further EP action**

**Discuss at EP Panel**

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