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| torbaycouncilWHITE |  | ChildrensSVCs_white |
| **EDUCATIONAL PSYCHOLOGY SERVICE**  **Consent for access arrangements (ONLY)** | | |

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| **1. Details of child or young person** | | | | | | |
| First Name(s): |  | | | Surname: |  | |
| Previous/AKA: |  | | |  |  | |
| Date of Birth: |  | Age: |  | Does this person have parental responsibility? | Yes:  No:  If no, please state who does: | |
| Lives with: |  | | |
| Address (including postcode): |  | | | | | |
| Gender: | Female:  Male: | | | Religion *(if known):* |  | |
| Parent/Carer Name: |  | | | Telephone No: |  | |
| Mobile No: |  | |
| Address:  *(if different)* | | | | | | |
| School/College: | | | | | Year group: |  |
| Child Protection Register? | Yes:  No: | | | Looked after child? | Yes:  No: | |

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| **2. Ethnicity** | |
| White British  Caribbean  Indian  White & Black Caribbean  Chinese  White Irish  African  Pakistani  White & Black African  Any other ethnic group  Bangladeshi  Any other White background  Any other Black background  White & Asian  Not Given  Any other Asian background  Any other mixed background | |
| If other, please specify: | Immigration Status: |
| Child’s first language: | Parent(s) first language: |
| Interpreter or signer required? Yes:  No: | Has this been arranged? Yes:  No: |
| Details of any special requirements (for child and/or their parents): | |

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| **3. Referrer details** | | | | | |
| Name: |  | Position: | |  | |
| School/Organisation/Agency: | | | | | |
| Address: |  | | | | |
| Telephone No: |  | | E-mail: | | |
| Have you seen this child/young person in connection with this service request? | | | | | Yes: □ No: □ |
| Have you seen the parent/carer in connection with this service request? | | | | | Yes: □ No: □ |

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| **4. Access arrangements information** |
| Does this young person have a statement of special educational needs/EHCP? Yes:  No:  Does this young person have a diagnosis of a learning difficulty such as ADHD or dyslexia? Yes:  No:  (Please specify): |
| **Access arrangements required:**  25% additional time  (this will require a standard score of less than 84 in a test of cognitive ability or 2 scores between 85 and 89)  Reader  (has a standard score of less than 84 in a single word reading test; or a standard score of less than 84 in a reading speed assessment; or a standard score of less than 84 in a reading comprehension assessment; or has a visual impairment)  Scribe  (has a standard score of less than 84 for writing speed; or spelling and/ or handwriting that means free writing is incomprehensible)  Oral language modifier  (a standard score of less than 69 in reading comprehension or verbal comprehension)  50% additional time  More than 50% additional time  These are very rarely agreed to and only in exceptional circumstances; and will need to be discussed with the Educational Psychologist. |

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| **5. Normal way of working** |
| What adjustment does this young person have as a normal way of working? (all access arrangements should be a reflection of normal way of working) |

Signed.………………………………… (Referrer)

Print Name………………………………………………………………… Date ……………....

**Please return this completed form together with the Agency list and signed Parental/Carer Consent Form to michael.freeman@torbay.gov.uk or:**

**Michael Freeman,**

**Business Support Officer,**

**2nd Floor (Room SF 332) Electric House**

**Torbay Council**

**c/o Torquay Town Hall**

**Castle Circus**

**Torquay**

**TQ1 3DR**

**01803 208261**

**Parental / Carer Consent**

Child/Young Person……….…………………..………………………. Date of Birth……..……......

School /Early Years Setting/Provision Attended:

....……………………………………………………………………………….

I give permission that assessments for exam access arrangements can be carried out by an Educational Psychologist from the local education authority.

Arrangements may include:

* Additional time
* Access to a word processor
* Access to a scribe
* Access to a reader
* Access to a prompt
* Rest breaks

Any information we are given will be kept confidential and will only be shared with other people for access arrangements.

If you do not want us to contact or share information with a particular agency/professional, please advise the person referring your child.

The only exception to this is if there are concerns about a child’s safety, when we have a duty under the Children Act (2004) to pass on our concerns to the appropriate authority.

Signed……………………………………………………………....... Parent / Carer

Print Name……………………………..................................... Date…....................

*Copies of this Referral Form can be made available in different formats. Please contact:* ***michael.freeman@torbay.gov.uk or Michael Freeman, Business Support Officer,* 2nd Floor (Room SF 332) Electric House, Torbay Council, c/o Torquay Town Hall, Castle Circus, Torquay, TQ1 3DR, 01803 208261** *for further information.*