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| **Early Years Service Request Form for**  **Educational Psychology □ Portage Home Visiting □**  Please tick the service you are requesting | | |

Please use this form if you feel a child has additional needs which their current level of provision is not addressing. You are not required to complete the whole form to the same level of detail; concentrate on the presenting issues. Do not hesitate to follow established child protection procedures as soon as any requirement to do so is identified.

Please attach copies of any assessments, records or observations that will help us to assess the needs of this child/young person. **Service Request forms will be returned if there is insufficient information attached.**

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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: |  | |
| Email: |  | |
| Parent’s email address | | | | | | |
| Address:  *(if different)* | | | | | | |
| Early Years Setting: | | | | | Age Group: |  |
| Sessions Attending: | | | | |  |  |
| Child Protection Register? | Yes:  No: | | | Looked after child? | Yes:  No: | |
| Disability: *(Please describe the nature of disability – including any support that may be needed by parent/carers in completing any forms sent)* |  | | | | SEN  School Support:  Statement/EHC Plan: | |
| Has there been, or is there any domestic abuse at home? | Yes:  No: | | | Has there been, or is there currently involvement through the Early Support/ Social Care? | Yes:  No  If yes:  Current:  Past: | |

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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: |  | |
| Establishment: | | | | |
| 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. Family and environmental factors** |
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| **5. Development of child or young person – main areas of concern**  **Please insert number 1-5 as appropriate (1 = mild concern and 5 = extreme concern)** | |
| General health |  |
| Physical (including sensory) |  |
| Cognitive |  |
| Speech, language & communication |  |
| Behaviour, emotional & social |  |
| Participation in learning |  |
| Progress & attainment in learning |  |
| Self-care skills & independence |  |
| Self-esteem |  |
| Identity |  |
| Peer relationships |  |
| **Please comment on any areas scored higher than 3:**  Please describe what is happening, where and when, how often and for how long, giving examples if possible. Is there anything else that may be influencing the current difficulties? Include any current medications or treatments. | |
| **Attainment Level: (EYFS or National Curriculum)** | |

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| **6. Child or young person’s strengths / interests** |
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| **7. Actions already taken to support child/young person** |
| Please give details of any strategies tried and whether they have been successful. **Please attach IEP’s.** |

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| **8. What would you like to happen as a result of making this referral?** |
| Please be explicit with the services you are hoping to receive for the child and the intended outcome |

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| **Please attach the following documents if available:**  Assessments  Reports  IEPs  Observations   Action Plans  PEPs  PSPs  Attainment data (e.g. Target Tracker profiles)   Other  (please specify) |

Please tick the services involved with this child/young person/family and provide the names and contact details of those involved.

**Please fill this in as much as you can with the parent’s support**

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| ✔ | Agency/  Professional/  Organisation | Contact Person | Contact Details |
|  | GP |  |  |
|  | School nurse |  |  |
|  | Health Visitor |  |  |
|  | Counsellor |  |  |
|  | CAMHS |  |  |
|  | Paediatrician/Hospital Specialist Doctor |  |  |
|  | Educational Psychologist |  |  |
|  | Speech and Language Therapist |  |  |
|  | Physiotherapist |  |  |
|  | Occupational Therapist |  |  |
|  | Portage |  |  |
|  | John Parkes Unit |  |  |
|  | Young Carers |  |  |
|  | Social Care |  |  |
|  | Parenting Services |  |  |
|  | Sure Start |  |  |
|  | Targeted Youth Support |  |  |
|  | YOT/Police |  |  |
|  | Checkpoint |  |  |
|  | Specialist Advisory Teacher / Consultant |  |  |
|  | Pegasus Centre |  |  |
|  | Outreach Services (please specify) |  |  |
|  | Attendance Improvement Officer |  |  |
|  | Other (please state) |  |  |

Signed.………………………………… (Referrer)

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

**Please return this completed form together with the Agency list and signed Parental/Carer Consent Form to** [**educational.psychology@torbay.gov.uk**](mailto:educational.psychology@torbay.gov.uk)

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

**Torbay Council**

**c/o Torquay Town Hall**

**Castle Circus**

**Torquay**

**TQ1 3DR**

**01803 208579**

**Parental / Carer Consent**

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

School /Early Years Setting/Provision Attended:

....……………………………………………………………………………….

**What information will Torbay Council hold?**

Torbay Council will hold and process the information provided on this form and that collected through any assessment we undertake. This information may include, names, addresses, contact details and information about your child’s health or your health.

Very occasionally, it may be helpful to film/ photograph your child or their work during assessment.  This allows psychologist to assess a wider range of skills that are not easily captured by other means. At any point, the child or parents/guardians can chose to have the recording/ photo erased.

**Why do we need this information?**

We need this information to ensure that the Council is able to contact you and / or child in respect of any assessment we will be undertaking. The information provided on the form will be used to inform our assessment to ensure that we can put in place appropriate support.

Our lawful basis for processing personal data is that it is necessary for the purpose of the Council’s official authority under the Department for Education’s SEN Code of Practice, 2014.

Our lawful basis for the processing of any special category data, such as race / ethnic origin, health information or religious beliefs is that it is necessary for reasons of substantial public interest.

**Who do we share this information with?**

The referral form will be shared with the Educational Psychology Service at Torbay Council. Any information collected following this referral and any reports will be shared with other people directly involved with your child, including any NHS professionals (GP / school nurse / speech therapist), your child’s school and your child’s named social worker (if they have one).

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.

Outside of this, we will only share your personal data if we have a lawful basis to do so, for example if we are concerned about a child’s safety and we have a duty to pass on our concerns, or if we have your consent.

**How long do we keep your information?**

The local authority will hold your personal data securely and keep it for 35 years from closure of the case. For children who are looked after by the local authority, personal data will be kept for 75 years from their 18th birthday.

Any recordings / photos taken will be erased following submission of the educational psychology report.

**Your rights and how to exercise them.**

At any time you can request to have a copy of the information we hold about you, and if you feel the information we hold and process is incorrect you can request to have this corrected or deleted. Further information about your Information Rights can be found on Torbay Council’s website: [www.torbay.gov.uk/dataprotection](http://www.torbay.gov.uk/dataprotection).

If at any time you are unhappy about the way Torbay Council has handled your personal data, you can contact [infocompliance@torbay.gov.uk](mailto:infocompliance@torbay.gov.uk).

Alternatively you can also raise a complaint with the Information Commissioner’s Office: [www.ico.org.uk](http://www.ico.org.uk).

**Recording / photo consent:**

Very occasionally, it may be helpful to film/ photograph your child or their work during assessment.  This allows the psychologist to assess a wider range of skills that are not easily captured by other means. At any point, the child or parents/guardians can chose to have the recording/ photo erased. Following submission of the educational psychology report, the recording/ photo will, in any case, be erased. If you do not wish for your child to be filmed or photographed, please advise the person referring your child.

I agree to the educational psychologist service taking recordings / photos of my child to support the assessment they are undertaking.

**Yes / No** *(please delete as appropriate)*

**Referral consent:**

By signing below, you agree to this referral being made to Torbay Council and acknowledge that you have read the referral form, you have checked your contact details are correct and have read the privacy information above.

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

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

***Copies of this Referral Form can be made available in different formats. Please contact:*** [***Portageteam@torbay.gov.uk***](mailto:Portageteam@torbay.gov.uk) ***or Business Support Officer,* 2nd Floor (Room SF 332) Electric House, Torbay Council, c/o Torquay Town Hall, Castle Circus, Torquay, TQ1 3DR, 01803 208579 *for further information.***