**Request for Educational Psychology involvement for Virtual School Children**

This request form should be used to request EP input commissioned by Sutton Virtual School for any child under the VS remit.

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| **School:** |  | | |
| **Person making request:** | **Name:** |  | **Phone:** |
| **Role:** |  | **E-mail:** |

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| **Child/young person name:** | | | | | | | | **Male** |  |
| **Female** |  |
| **Other** |  |
| **Home address:** | | | | | | | | | |
| **Date of Birth:** | | **NC Year:** | | **Key school contact:** | | | | | |
| **Status of the child. Please tick all that apply** | Looked after | Previously Looked after | Kinship/SGO | | Child protection | Child in Need | Child who had a social worker in last 6 years | | |
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| **Child/young person’s first language**: | | | **Other languages spoken at home**:  Is an interpreter needed for parent/carers? | | | | | | |
| **Race/ethnicity of child/young person**: | | | **Name of social worker (if known)** | | | | | | |
| **Parent/carers name:** | | | **Relationship to child:** | | | | | | |
| **Address: *If different from above*:** | | | | | | | | | |
| **E-mail address**: | | | **Mobile:** | | | | | | |

**TO BE COMPLETED BY PARENT or CARER**

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| **What are the key barriers to their education and what would you like to be different?** |
| Signed by person with parental responsibility (e.g. parent/ carer): |

**Agreement to share information**

The Educational Psychology Service aims to work collaboratively with our partners to provide the best support we can for our children/young people with SEND. This often involves sharing information with other services. Please indicate here any other services who are involved in supporting the child/young person or family.

Please tick this box to confirm that the parent/carer with parental responsibility agrees that the EPS can liaise with other local services: □

Where the EPS has an immediate serious concern about a child’s welfare, they may share information without consent. This will only be done when seeking consent would put a person at increased risk of harm, prejudice the prevention, detection or prosecution of a serious crime or lead to an unjustifiable delay in making enquiries.

**TO BE COMPLETED BY SCHOOL STAFF**

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| **Education background**(please provide details of other educational settings attended, additional support and/or involvement of external professionals - completion by school staff) |
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| **Hopes for EP involvement** (please indicate what you would like to see/what you would like to be different following EP involvement) |
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| **Area/s of concern**  Please use this section to:   * provide a brief outline of current concerns * strategies/approaches that have been put in place and the outcome of review * see the Appendix for information about our model of service delivery |
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**Data Protection**

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**Privacy Statement**

We are registered with the Information Commissioner’s Office are committed to compliance with the GDPR.

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