

## INCLUSION

### Request for educational psychologist involvement: early years

#### Child's details

<b>Name of child:</b>	<b>Gender:</b>
<b>Date of birth:</b>	<b>Looked after child: Yes/No</b>
<b>Home address:</b>	<b>Name of parent(s)/carer(s):</b>
<b>Parent(s)/carer(s) home address(es) (if different to above):</b>	<b>Contact number for parent(s)/carer(s):</b>
<b>Name of early years setting:</b>	<b>Sessions/times the child attends the setting:</b>
<b>Name of designated safeguarding lead (DSL):</b>	<b>DSL's contact details:</b>

#### Requestor's details:

<b>Name and role of person making the request:</b>	<b>Contact email address (email acknowledgement of the request will be sent to this email address):</b>  <b>Contact number:</b>
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## INCLUSION

### Further information

What are the child's areas of strength and interest?

What are your concerns and what support and intervention have you put in place?

What impact has this had? What has been successful?

What outcomes are you hoping for through involvement from the educational psychology team?

Views of parent(s)/carer(s):

Please attach relevant up-to-date information, which should include, for example:

- the most recently evaluated targeted learning plan,
- the current targeted learning plan,
- up to date early years foundation stage tracking information,
- any relevant professional reports, such as specialist teacher report, speech and language therapist report etc.
- any individual provision maps.

### Parent(s)/carer(s) consent form

I/we give agreement for my child (name of child) \_\_\_\_\_ to be discussed at a moderation group involving educational psychologists. I understand that the purpose of this is to support my child's progress and may not lead to a direct involvement with a member of Lancashire's educational psychology team.

Information about the work of educational psychologists can be found at the following link:  
<https://www.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/education/specialist-educational-support/educational-psychologists/>

Giving consent means that:

- a) I understand the particular role and function of educational psychologists/trainee educational psychologists/associate educational psychologists/assistant educational psychologists working within the Inclusion Service.
- b) I understand the activities that an educational psychologist/trainee educational psychologist/associate educational psychologist/assistant educational psychologist working within the Inclusion Service might undertake with respect to my child and that this will include discussion at a moderation group involving educational psychologists.
- c) If direct educational psychologist involvement is agreed following discussion at the moderation group, I give permission for the involvement of an educational psychologist/trainee educational psychologist/associate educational psychologist/assistant educational psychologist within the Inclusion Service with my child. This involvement could include direct work with my child and/or discussion with other adults who teach and care for my child as well as other professionals who support them.

I understand that information relating to my child, in accordance with the above, will be retained on the Inclusion Service's 'Early Help Module' (LCC's secure data storage system). Please see the following website for further information regarding how we store and use data: <https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send/>

Signed: \_\_\_\_\_  
(Parent/carers as appropriate)

Date: \_\_\_\_\_

Please email the completed form securely to the relevant area Inclusion email address:

**East Lancashire:**

[Inclusion.East@lancashire.gov.uk](mailto:Inclusion.East@lancashire.gov.uk)

**North Lancashire:**

[Inclusion.North@lancashire.gov.uk](mailto:Inclusion.North@lancashire.gov.uk)

**South Lancashire:**

[Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk)

Alternatively, please post the form to the following address: **Inclusion Service, Lancashire County Council, PO Box 100, County Hall, Preston, PR1 0LD.**

**CATEGORIES OF ETHNICITY**

Please tick the box below that best describes your child's ethnic background

**White**

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Traveller of Irish heritage	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>

**Black or Black British**

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>

**Chinese**
☐
**Mixed**

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background	<input type="checkbox"/>

**Asian or Asian British**

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>

**Any other Ethnic background**

Please specify:

☐
**I do not want an ethnic background category to be recorded**
☐
**EARLY YEARS RECORD**

Home Language:		CAF:		Yes: URN -		No		
Position in the Family (eg 2 <sup>nd</sup> of 3 children):			Born before 28 weeks gestation:		Yes		No	
Date commenced at Pre-School:			Date eligible for school entry:					
Parents' choice of school (if known):								
Health Visitor Checks	Yes	No	Name of Health Visitor:					
Health Visitor Clinic:								
Hearing Checked	Yes	No	Vision Concern	Yes	No			
Details:								
Speech Therapy	Yes	No	Therapist:					
Details:								
Other Therapy / Professionals:	Yes	No	Worker:					
Details:								
Child & Family Wellbeing Service:	Yes	No	Worker:					
Groups/Outreach Details:								
Social Care Involvement	Yes	No	Child Protection Register	Yes	No			
Social Care Keyworker Details:								