**Consent Form for Educational Psychology Involvement**

***Child / Young Person Consultation & Review***

Purpose of the Consultation

Your child has been identified by their educational setting as someone who may benefit from a consultation and review with an Educational Psychologist (EP). This is part of an early intervention and prevention approach to support staff in understanding and meeting the needs of children and young people in their setting.

The consultation will involve a meeting between the EP and relevant staff members. You are welcome to attend and be a part of this. The EP will not observe or work directly with your child, and no formal report will be produced.

Eligibility

This offer is not available to children and young people who:

* Have an Education, Health and Care Plan (EHCP)
* Are undergoing an Education, Health and Care Needs Assessment (EHCNA)
* Are expected to have a request made for an EHCNA within the next calendar year

What the Consultation Involves

The EP will facilitate a 1-hour consultation meeting with relevant members of staff (and parent / carer if wanted) about your child. The EP will facilitate a 1-hour review meeting 1-3 terms later.

The EP will not observe or complete any direct work with your child. The EP will not write a record or report. The members of staff will be responsible for making a record of the consultation.

Important notes

The consultation is intended to support early intervention and collaborative problem-solving and this is a time-limited piece of work. There will be no further involvement from the EP beyond the consultation and review meetings.

Consent Declaration

I confirm that I have read and understood the information above. I give consent for the Educational Psychologist to facilitate a consultation and review meeting as described. I understand that:

* The EP will not work directly with or observe my child
* No written record will be produced by the EP
* I may attend the consultation if I wish

|  |  |
| --- | --- |
| **Child or Young Person’s Name** |  |
| **Educational Setting** |  |
| **Year Group** |  |
| **Parent / Carer Name** |  |
| **Signature (Parent / Carer)** |  |
| **Date** |  |
| **Educational Setting Representative Name** |  |
| **Signature (Educational Setting Representative)** |  |
| **Date** |  |

Young Person Consent Declaration

For young people aged 16 years and older, their consent is required in addition to parent / carer consent.

As the young person named above, I confirm that I give consent for the Educational Psychologist to facilitate a consultation and review meeting as described.

|  |  |
| --- | --- |
| **Young Person’s Name** |  |
| **Signature (Young Person)** |  |
| **Date** |  |