



Consent Form for Educational Psychology Involvement

The Educational Psychology Service (EPS) has been asked to be involved in planning support for your needs. The involvement of an Educational Psychologist is usually short term between 2 and 6 months however by agreement the support can continue for longer periods. Educational psychologists may also ask supervised assistant psychologists to support them with some tasks and activities. Involvement may also involve periods of non-activity as part of a plan do and review graduated approach. We would always seek written formal consent again after 2 years if needed.

The school/setting will have talked to you about the EPS, explaining what we do and will have given you a leaflet about the services we provide. Further information about our service can also be found on our website http://www.birminghameducationsupportservices.co.uk/EdPsychService

If you are happy for us to work with your child, please complete and sign section 3 of this form. The school/setting will complete sections 1 and 2. The school/setting will give you a copy of the completed form, keep a copy for themselves and send an electronic copy to us.

1. School / S	etting Staff Details		
Staff Name			
Designation		Date	
The role and purpose of educational psycholo discussed with the parent/carer - please circle		YES	NO
Signature	Phone and email contact	t information	on

2. Child/Young Person's Details setting to complete						
Name (please print)					DOB	
If known as a different name, please write here	·					
Educational Setting					Year Grou	p
Home Address				Post	Code	
Child's current level of SEN Provision (please circle/highlight)	Universa SEN Supp	•	SEN Supp	ort	SEN Support Provision Plan	EHC Plan
Please circle/highlight the current safeguarding/care status that is applicable	N/A	Early Help	C	[N	CP Plan	CiC
Social worker details (if applicable)			•			





3 Parents' / Carers' Cons To be completed all people with parental responsible.				
Please tick to show you have been given information about our Ser	vice and you understand the below:			
I give consent for an educational psychologist to become involved. I understand this may involve assistant psychologists supporting some tasks and activities.				
I understand that EPS involvement consultation with staff in the educational setting and other professionals who are involved. There may also be observation and assessment of my child.				
I give consent for the exchange of information with other services, who work with your child/YP in school, and including health agencies who are involved with my child/young person.				
I understand an electronic file will be opened for my child/YP and that information will be stored securely.				
I understand that if my child is over 16, their consent may/will also be sought as appropriate.				
I understand that this consent form could cover ongoing involvement by an EP for 2 years if needed by agreement				
I understand I can discuss the purpose, continuation, or educational psychologist, by contacting educationalpsy				
	_			
Name	Relationship to Child			
Name	Relationship to Child			
Name Signature	Phone contact			
	-			
Signature	Phone contact Consent to use email to contact you about work with your child Y / N			
Signature Email	Phone contact Consent to use email to contact you about work with your child Y / N please circle			
Signature Email Name	Phone contact Consent to use email to contact you about work with your child Y / N please circle Relationship to Child			
Signature Email Name Signature	Phone contact Consent to use email to contact you about work with your child Y / N please circle Relationship to Child Phone Contact Consent to use email to contact you about work with your child Y / N please circle			
Signature Email Name Signature Email	Phone contact Consent to use email to contact you about work with your child Y / N please circle Relationship to Child Phone Contact Consent to use email to contact you about work with your child Y / N please circle			

We keep electronic records, which are held securely and confidentially. These records contain personal information, such as name, and date of birth, plus the details of our work with the child/young person. Please note that any personal data collected will be stored and managed in line with Birmingham City Council's commitment to the General Data Protection Regulations. Please visit https://www.birmingham.gov.uk/privacy to view the BCC Privacy Statement. The duration for which consent is given will be negotiated with yourself, the setting and young person. The electronic file held at the EPS will remain open in line with Birmingham City Council corporate retention policy.

The consent form must be completed fully – information gaps will lead to the return of the form. A consent form cannot be accepted and the information will not be held by the EPS if it is sent to the EPS more than 3 months after it was signed and/or if there was no prior agreement with the visiting school EP.