**Consent Form for Educational Psychology Involvement**

The Educational Psychology Service (EPS) has been asked by the setting/school your child attends to become involved to help with the planning of support for certain concerns and needs. We therefore want to be sure that you understand who we are, what we do, and that your consent is freely given.

The school or setting will have talked to you about the EPS, explaining what it is we do and will have given you a leaflet about the services we provide. The EPS is part of Birmingham City Council and we are all qualified educational psychologists who are registered with the Health Care Professional Council: we also have trainee educational psychologists and assistant psychologists working with us. Our main aim is to facilitate the social, emotional and educational development of children and young people. We help support schools and settings to identifying solutions alongside other professionals (including health) who may also be involved. Our work involves consultation meetings, training, assessments, observations and planning interventions. The work could involve direct work with your child or your child being part of a group we may work with. Further information about our service can also be found on our website [www.beps.org.uk](http://www.beps.org.uk/). If your child is 16 years old and older, we will also secure their consent separately as appropriate for our involvement.

The school setting will share the outcomes of our involvement with you and where possible we would want to share this information with you directly.

As part of our work 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. Since we work alongside other professionals who may also be involved, we would want and may also exchange information with these other practitioners. 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.

**If you are happy for us to work with your child, please complete and sign section 2 of this form. The school/setting will give you a copy of the form and send the original to us.**

|  |
| --- |
| **1. Child/Young Person’s Details** *setting to complete* |
| **Name** *(please print)* | **DOB**  |
| **Setting/School** | **Year Group** |
| **Home Address**  | **Post Code** |
| **Child’s current level of SEN Provision** *(please circle)* | **Universal (no SEN Support)** | **SEN Support**  | **EHC Plan** |
| **Please circle the safeguarding/care status that is applicable**  | **N/A**  | **Early Help** | **CIN** | **CP Plan** | **LAC**  |

|  |
| --- |
| 1. **Parents’ / Carers’ Details**

*To be completed by the person/people with parental responsibility for the child/young person** **I give consent for an educational psychologist to become involved. I understand this may involve 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 including health agencies who are involved.**
* **I understand an electronic file will be opened for my child and that information will be stored securely.**
* **I can discuss the purpose and continuation of consent at any time with the educational psychologist.**
 |
| **Name**  | **Relationship to Child**  |
| **Signature**  | **Phone contact**  |
| **Name**  | **Relationship to Child**  |
| **Signature**  | **Phone Contact**  |
| **Home address if different from the child –** *please specify which parent or carer* |
| Additional Comments regarding consent and sharing information – *When our involvement begins we will secure other important information you want to share.* |

|  |
| --- |
| 1. **School / Setting Staff Details**
 |
| **Name**  |
| **Designation**  | **Date** |
| **The role and purpose of educational psychology involvement has been discussed with the parent/carer - *please circle***  | **YES** | **NO** |
| **Signature** | **Phone and email contact information** |

**The information on this form will be recorded on a database along with any details relevant to subsequent educational psychologist involvement. These records will be held and used in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2018. We are compliant with the City Council’s Privacy Notice -https://www.birmingham.gov.uk/privacy. This information is being collected for the purpose of determining the educational needs of the named child or young person. It may also be shared with other professionals actively involved with the names child or young person, to inform their work. The information collected may also be used for the wider purpose of providing anonymous statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources.**

**If the request is agreed the duration for which consent is given will be shared with the setting, parents/carers and young person. A consent form cannot be accepted and the information will not be held by the EPS if it is more than 2 months after it was signed and/or if there was no prior agreement with the allocated EP.**

|  |
| --- |
| **Office Use Only - Request for EP involvement** **Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date. Agreed Yes/NO** *please circle* **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(EP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Casework Information Form

Name:

Date of Birth:

Year Group:

Class Teacher:

What are your concerns?

What have you tried to overcome these concerns?

What is working well?

What are you hoping to gain from Educational Psychology involvement?

Please return to Annie.Kent@birmingham.gov.uk