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| image001 |  |

Gateshead Psychological Service

***(Early Years)***

***Request for Consultation Form***

***(Please note: A case will NOT be accepted without prior consultation with a member of the Early Years Assessment and Intervention Team)***

**To comply with GDPR legislation please ensure you have parent/carer permission to share information with Gateshead Psychological Service**

Legal Surname: Forename:

Also Known As: Date of Birth: Gender: … .….

*(Underline preferred name, if not legal surname)*

Address:

 Postal Code: Tel:

Nursery:

Child’s First Language:

**Parent(s) / Carer(s):**

1. Title: Forename: Surname:

Address:

 Postal Code: Tel:

Relationship to Child:

First Language

2. Title: Forename: Surname:

Address:

 Postal Code: Tel:

Relationship to Child:

First Language

**Children Act, 1989:**

Status(if any)

Social Worker (if any)

**Information about placement**

Setting name: …………………………………………………………………………………………………….

Address:

 Postal Code: Tel:

Key worker: ……………………………………………………………………………………………………….

Date child started: ……………………………………………………………………………………………….

Days/sessions attended: …………………………………………………………………………………………

Eligible number of hours: ………………………………….…………………………………………………….

Number of children in group: …………………………………………………………………………………….

Number of staff in group: …………………………………………………………………………………………

**Previous nursery information** (continue on a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of provision** (including address if outside Gateshead) | **Date from** | **Date to** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Has there been any reduction in hours because of behavioural, emotional and/or social needs?

Yes [ ]  No [ ]

If yes, please provide details below.

|  |
| --- |
|  |

**Other Professionals Involved**

|  |
| --- |
|  |

**About the Child’s Special Educational Needs/Disability (SEND)**

**Background Information**

Please provide information about the child’s difficulties. This should include details of their needs, when they were identified and any changes over time.

|  |
| --- |
|  |

**Factors which may affect the child’s additional needs**

Please detail any relevant personal or medical information

|  |
| --- |
|  |

**What is the child good at?**

|  |
| --- |
|  |

**What does the child particularly enjoy at nursery?**

|  |
| --- |
|  |

**What does the child dislike or find difficult at nursery?**

|  |
| --- |
|  |

**Support in nursery**

Please provide details of the approaches that have been tried both successfully and unsuccessfully. How does the child prefer to be supported in nursery?

|  |
| --- |
|  |

**Current level of development in prime areas**

*To be completed by education provider only. Please tick relevant box for each sub-heading.*

**Personal, Social and Emotional Development**

**Making relationships**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Self-confidence and self-awareness**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Managing feelings and behaviour**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Communication and Language**

**Listening and attention**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Understanding**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Speaking**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Physical Development**

**Moving and handling**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Health and self-care**

[ ]  Birth – 11 months [ ]  16 – 26 months [ ]  30 – 50 months

[ ]  8 – 20 months [ ]  22 – 36 months

**Additional Information**

Please provide any additional information that you feel would support this application.

|  |
| --- |
|  |

**Nursery’s Statement**

[ ]  A member of the EYAIT is aware of this request. *Please note that this request will be refused without their involvement.*

[ ]  I understand this request will not be progressed if any essential documents listed below are missing/unavailable.

Signature of SENCo/Nursery Manager

Name and Position

Date

**Consent to Educational Psychological Service Involvement**

I understand that the information recorded on this form will be securely stored and used only for the purpose of providing a service to a child for whom I have parental responsibility.

Signed: Date:

 (Parent / Carer)

I agree to the information on this form being shared with other people/services.

**Please tick the agencies with whom Gateshead Psychological Service has permission to share information:**

|  |  |
| --- | --- |
| **Early Years Assessment and Intervention Team (EYAIT)** | [ ]  |
| **Low Incidence Needs Team (LINT)** | [ ]  |
| **Ethnic Minority and Traveller Service (EMTAS)** | [ ]  |
| **Social Care****(including Early Help)** | [ ]  |
| **Speech and Language Therapy** | [ ]  |
| **Physiotherapy** | [ ]  |
| **Occupational Therapy** | [ ]  |
| **Gateshead Virtual School** **Paediatrician/Child Development Clinic** | [ ] [ ]  |
| **Other Educational Psychology Services** | [ ]  |
| **Independent/Private Therapists/Agencies** | [ ]  |
|  |  |
|  |  |
|  |  |
|  |  |

**Checklist**

**Essential Documents**

The following documents are **essential** and the request for EP involvement will not be considered without them.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Document** |  |  |  |  |  |  | **Attached?** |
| Current Action/Learning Plan |  |  |  |  |  |  | [ ]  |
| Previous Action/Learning Plans with review information (at least 2 cycles) |  |  |  |  |  |  | [ ]  |
| Child’s One Page Profile |  |  |  |  |  |  | [ ]  |
| Provision Map |  |  |  |  |  |  | [ ]  |
| Early Years Profile |  |  |  |  |  |  | [ ]  |
| Relevant reports from Health Professionals |  |  |  |  |  |  | [ ]  |

**Optional Information**

Additional information should be provided if available/appropriate:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Document** |  |  |  |  |  |  | **Attached?** |
| CAF Support Plan |  |  |  |  |  |  | [ ]  |
| LINT assessment |  |  |  |  |  |  | [ ]  |
| Previous Action/Learning Plans with review information (at least 2 cycles) |  |  |  |  |  |  |  |

Please return this form via secure link to dianegroves@gateshead.gov.uk

or

Gateshead Psychological Service, Dryden Centre, Evistones Road, Gateshead, NE9 5UR