****

**REFERRAL TO EDUCATIONAL PSYCHOLOGIST**

**Child/young person’s name:**

**Date of birth: Age: Year group:**

**Names of parents/carers:**

**Address:**

**Current preschool/school/education setting:**

|  |
| --- |
| **1. What are the main concerns that have led to this referral?** |
| **2. What outcomes do you hope to achieve as a result of the psychologist’s involvement?** |

|  |
| --- |
| **3. Outcomes of relevant assessments, tests and interventions already carried out. Please include dates.**  **Are there any issues with hearing or vision?** |
| **4. Other professionals or agencies who are involved.** |

|  |
| --- |
| **Name of person completing this form:**  **Signature: Date:**  **This form must be signed below by a parent or carer with parental responsibility, giving consent to the psychologist’s involvement. Where a young person of 16 years of age or older wishes and is able to give this consent themselves, they should sign below.**  **Signature: Date:**  **Name:**  **All personal information will be handled in accordance with the requirements of the Data Protection Act 2018. For more information about this please see our Privacy Notice and www.solentpsychology.co.uk/personal-information.** |