

## Partnership/Private Nurseries

### Request for involvement with Glasgow Psychological Service

#### Section A (to be completed by nursery)

##### Child's details

Name:

DOB:

Address:

Parent/carer(s) name:

Parent/carer(s) contact number:

Does the child have any care experience: YES      NO

Education stage:

Zone primary school(s):

Other agencies/professionals involved, if any. Please provide name/contact details:

Have the parent/carers been informed and  
given consent for the request for involvement:      YES      NO

##### Nursery details

Nursery:

Address:

Tel number:

Name of person requesting involvement:

Name of child's keyworker:

Days/sessions child attends:

Please outline the following (areas to consider – communication and language, health/physical, social and emotional, play skills, learning skills):

**Child's strengths**

**Concerns/barriers**

**Current targets**

**Reason for request**

Signature:

Date:

**Section B (to be completed by EY lead EP after phone discussion with nursery)**

**Any additional information:**

Language/communication –

Health/physical –

Social and emotional –

Play skills –

Learning skills -

**Nursery strategies / effectiveness:**

**Negotiated role and agreed next steps:**

Early Years lead EP to return completed form to the nursery.