



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.