**Request for Involvement for Children and Young People Looked After**

**and Educated Outwith Glasgow**

**SECTION A (to be completed by referrer**)

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| Child/Young Person’s name |  |
| Date of Birth |  |
| CYP Current Address inc. postcode\*Please indicate if non-disclosure necessary |  |
| Local Authority |  |
| Carer(s) Name |  |
| Carer(s) Address & Contact Details  |  |
| Parent(s) Name  |  |
| Parent(s) Address & Contact Details |   |
| Please tick to confirm that parent and carers have been informed and given consent for the request for involvement [ ] If not, please specify why: |
| Is an interpreter required for meeting with CYP or Parents/Carers? If yes, which language: |

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| **Care Experienced Status** (tick as appropriate) |
| Residential Children’s House |  |
| Kinship Care (Formal) |  |
| Kinship Care (Informal) |  |
| Foster Care |  |
| Purchased Private Provision |  |
| Secure Care |  |

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| --- | --- |
| Name and contact details of allocated Social Worker |  |
| Other agencies/professionals involved, if any. Please provide name & contact details |  |

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| **Educational Establishment Details**  |
| Name of Establishment |  |
| Address |  |
| Name and Details of Key Contact  |  |
| Name and Details of Establishment’s link Educational Psychologist |  |
| Educational Stage  |  |
| **Details of any known Additional Support Needs:**  |
| **Please outline strategies currently in place and the impact of these:** |
| **Please include any relevant documentation with this referral** (for example, social background report, chronology, wellbeing planning, educational reports) |

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| **Reason for requesting EP involvement:**  |
| **Views of child/young person about referral:** |
| **Views of parent and/or carer about referral:** |

|  |  |
| --- | --- |
| **Name and contact details of referrer** |  |
| **Signature**  |  |
| **Date of referral**  |  |

**SECTION B (to be completed by OOA Area Lead EP)**

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| **Any additional/helpful information or thoughts:** * Details and impact of current universal school supports being used
* Anticipated impact of involvement of Glasgow Educational Psychology Service
 |
| **Agreed next steps (including negotiated EP role if case becomes allocated):** |
| **Allocated EP contact details:** |

Referrer to check with the allocated social worker which locality office is working with the CYP. Referral form to be emailed to the corresponding psychological service area inbox:

psychologicalservicenortheast@education.glasgow.gov.uk 0141 276 2170

psychologicalservicenorthwest@education.glasgow.gov.uk 0141 276 2070

psychologicalservicesouth@education.glasgow.gov.uk 0141 276 3270