

Funded Provider / Private Nurseries

Request for involvement with Glasgow Educational Psychology Service

SECTION A (to be completed by nursery)	
Child's Details	
First Name	Surname
Date of Birth	Birth Details Born Full Term 36 weeks
Address including postcode	Born Pre Term - 36-32 weeks Born Pre Term - 32 weeks Unknown
Parent / Carer(s) Name	Parent / Carer(s) Contact Number

Does the child have any care experience? 'care-experience' includes living in residential care, foster care, kinship care, being looked-after at home with a supervision requirement, or being adopted, now or at any point since birth.

Yes No

Education Stage			
Under 2	2 - 3 Years	Ante-Pre	Pre-Schooler
Catchment Primary Sch	nool(s)		
Other agencies/profess	ionals involved, if an	y. Please provide nai	me/contact details:
Have the parent/carers	been informed and o	given consent for the	request for involvement:
Yes No		•	•
Nursery Details			
Nursery Name		Nursery Co	ntact Number
Nursery Address			
Name of person reques	sting involvement	Name of ke	yworker
Days / sessions child at	ttends		

Child's strengths (e.g. interests, skills and qualities)
Profile of need
Please provide a brief overview of the child's skills and areas of need/concern in the following areas:
Language and Communication (e.g. How does the child communicate their needs? Can they engage in joint attention? Do they understand the routines of the nursery? Can they follow instructions?)
Social and Emotional (e.g. How does the child interact with adults and other peers? How do they cope with change? What level of adult support do they need to help manage their emotions? Can they follow an adult-led agenda?)

Play Skills (e.g. What areas of the playroom does the child access? Do they involve others in their play? What stage of development are they at in their play?)
Learning Skills (e.g. Are they able to access all the learning opportunities available? How long can the child concentrate on activities for? Can they recognise any letters/numbers? Can they match or sort objects?)
Health / Physical (e.g. Any medical needs, fine and gross motor skills, level of independence for self-help skills such as toileting, dressing)
Please outline strategies currently in place and the impact:

Reason for requesting EP involvement:		
O: ann actuura	Data	
Signature	Date	

Section B (to be completed by EY lead EP after phone discussion with nursery)		
Any additional/helpful information or thoughts:		
Agreed work stone (including pagetisted ED role if ages allocated).		
Agreed next steps (including negotiated EP role if case allocated):		
Is an interpreter required for meeting with Parents / Carers?		
Yes No		
If yes, which language:-		
EY lead EP to return completed form to the nursery.		
Er load Er to rotalli completed form to the nursery.		