**Appendix 8**

 **Educational Psychologist Referral Forms**

To be completed by the school and returned to Improve Education

|  |  |
| --- | --- |
| **Family name**  |  |
| **First name**  |  |
| **Sex**  |  |
| **Date of birth**  |  |
| **Age**  |  |
| **School**  |  |
| **Head teacher/ Head of Stream**  |  |
| **Class teacher**  |  |
| **Date of referral**  |  |
| **Preferred location for an appointment** |  |
| **Preferred dates for appointment** |  |
| **Brief summary of presenting difficulty**  |  |
| **Brief medical details (if relevant)** |  |
| **Brief description of school situation**  |  |
| **Consent signature parents/caretakers** |  |

Disclaimer:

No data will be stored beyond the limit of passing information to EdPsych. Data collected is with the agreement of parents/caretakers.