



Virtual School Educational Psychology (EP) Request for Involvement

To be completed and signed jointly by a Virtual School case worker and the child or young person's social worker.

Identifying information about the child/young person:

Name:	Date of Birth:
Gender:	Ethnicity:
Address:	Home Language:

Requester's Information:

Name:	Job Title:
Telephone:	Email address:

Other key professionals:

Allocated Social Worker:	Telephone:
Social Work Team:	Email address:

Supervising Social Worker:	Telephone:
	Email address:

Reason for referral (Include description of the priority concerns)

What do you hope EP involvement will provide with regards to helping with the above priority concerns?

Service user involvement

Does the Child/Young Person know of this request (delete as appropriate)? Yes/ No
If aware what is their view about the request? If they are not aware, what was the reason for this?

Current Legal Situation/Consent:

Who has parental responsibility?

Legal Status (please delete where appropriate): Full Care Order
Interim Care Order
With parental consent (S.20)

Education:

Current School/College placement:

School contact details:

Previous Schools

(include LA name and dates of attendance)

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SEN Support

EHCP

Previous EP involvement

Cognitive assessment
If yes, include date and copy of report, if possible.

CAF? If possible, include the CAF with this referral.

Is there any other information that would help with this referral?

Virtual school team staff

Name (print):

Date:

Signature: **LAC Social Worker**

I agree to this request for consultation being made on behalf of the child/young person named above and I agree to the Lewisham CAMH service sharing information about the young person with the Lewisham LAC Virtual School Educational Psychologist.

Name (print):

Date:

Signature:

Please email to the relevant Phase Leader or High Intervention Team Worker at the Virtual School, who will ensure that this is passed on. Please also email to STEPS@lewisham.gov.uk