**What is an Educational Psychologist (EP)?** EPs work to support children and young people in education settings to reach their full potential by working with them and key adults supporting them. They draw on a range of psychological theories in their work and the underpinning ethos involves looking at the environment around the child. By completing this form, you are requesting a one-hour virtual consultation held on Microsoft Teams with the Virtual School EP.

**What is consultation?** Consultation is a problem-solving space where key adults in a child’s life meet to discuss their strengths, needs and aspirations with an EP. During the hour the group will work to understand the child’s situation and if this can be moved forward in any way.

**Consultation with the Virtual School EP is not…**

* Part of an Education Health and Care Needs Assessment.
* Part of a diagnostic pathway for disorders such as ADHD and ASD.
* A pathway to an in-depth EP assessment and school visit.
* Linked to Hampshire Educational Psychology Team.

For further information on how to access any of the above please speak to your school Special Educational Needs Coordinator.

**Who can come?** Important adults in the child’s life such as parent/carers, teachers and other school staff, social care staff, virtual school staff, and other relevant adults and professionals. The child may also want to join the meeting to share their views.

**What happens next?** The EP will provide brief written notes of key points and next steps.

**Privacy Notice:** The personal information requested and used will be treated in accordance with data protection legislation. For further information on how your personal information and data rights are handled please see the Virtual School privacy notice at <https://www.hants.gov.uk/aboutthecouncil/privacy/children-education-inclusion/hampshire-virtual-school>.

|  |  |
| --- | --- |
| Child’s name:  | Preferred pronouns:  |
| DoB:  | Year group:  |
| School:  | Has an EHCP: Yes/No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARENTAL CONSENTI have read and understood this form and give consent for my child to be supported by an EP. I understand that this consent is valid for one year from the date of signature.

|  |  |
| --- | --- |
| Name of person giving parental consent  |  |
| Relationship to child |  |
| Signature |  |
| Date |  |
| Email address |  |

 |

**Send to** **virtualschool@hants.gov.uk** **once completed with signed consent**

**TO BE COMPLETED DURING THE CONSULTATION**

|  |
| --- |
| Date of consultation:  |
| Consultation number:  |
| In attendance:  |

|  |
| --- |
| Consultation key points: Next steps discussed: Review arrangements:  |

Record of consultation sent to:

|  |  |  |
| --- | --- | --- |
| Name  | Role  | Email  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Hampshire Virtual School**

Tel:  01962 835227

Hampshire Virtual School shared mailbox virtualschool@hants.gov.uk