

CONSENT AND INFORMATION FORM TO INFORM GROUP CONSULTATION WITH A CHILD & EDUCATIONAL PSYCHOLOGIST (CEP) AND SENDCO COLLEAGUES

To be completed prior to the arranged Group Consultation meeting with the CEP and colleagues and kept by the school only

Child/Young Person's FIRST Name:

Age:

Gender:

Year Group:

Names and addresses of anyone with parental responsibility for this child or young person, who will receive a copy of the action plan:

Name (1):		Name (2):	
Address:		Address:	
Post Code:		Post Code:	
Telephone number:		Telephone Number:	
Email address:		Email address:	
Relationship to child		Relationship to child	

Please list here any other agencies supporting this child/young person:

Name of Contact and Agency:	Permission to contact them:
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No

I confirm that I give consent for the SENDCo at my Child's school/setting/college to consult with the Child & Educational Psychologist (CEP) about my child. I have read the leaflet 'Group Consultation: Information for Parents/Carers' (GG) and understand that the SENDCo will discuss my child's progress with the group with the aim of devising an action plan to support them. The SENDCo will not use my child's name in the meeting. After the Group Consultation,

The SENDCo will let me know about the agreed action plan and how I might be able to support it.

This consent form will be held on my Child's School File only.

I understand that the Child & Educational Psychology Service will record the following information **only** as part of its performance reporting procedures:

- Name of the school
- Name of the SENDCo
- Date of Group Consultation Meeting
- Age and gender of my child
- Whether the action was to support my child's learning and/or emotional development
- And subsequently whether the action plan was successful

It will not be possible to identify my child from the data held by the Child & Educational Psychology service via Group Consultation.

Signed: _____ **Parent / Carer** **Date:** _____

Name: _____ **(please write name in block capitals)**

Please note that you can withdraw your consent for your child to be discussed in Group Consultation at any time. You do this by contacting the SENDCo at your Child's School.