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| **Educational Psychology Service – *Self-referral form: Young adults aged 16+*** |
| **Section 1: About me** |
| Name:Gender:D. o. B.:School:Academic year:Race/ ethnic origin:Religion: |  | Country of birth:Date of arrival in UK:Home language:Contact number:Email:Address: |   |
| **Section 2: Schools attended** | **Section 3: Other services** |
| *Please list all of the schools that you have attended in chronological order:* | *Please list any other services that are currently involved with you/ your family:* |
| **Section 4: Strengths/ interests** |
| Please describe your strengths/ interests: |
| **Section 5: Areas of need** |
| Please describe your difficulties, making reference to the following categories of need: (1) sensory and/ or physical; (2) communication and interaction; (3) social, emotional and mental health; (4) cognition and learning: |
| **Section 6: Reasons for self-referring** | **Section 7: Desired outcomes** |
| *What are your reasons for self-referring to the Educational Psychology Service?* | *How do you hope the Educational Psychology Service will help you?* |
| **Section 8: Strategies** | **Section 9: Previous support** |
| *What strategies do you find helpful in supporting your needs?* | *Have you received any previous support for your needs?* |
| **Section 10: Questionnaire** |
| *“I have a comprehensive understanding of my needs” (please tick one box)* | *“I know a number of specific strategies to support my needs” (please tick one box)* |
| 1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
 | 1. 🞎
2. 🞎
3. 🞎
4. 🞎
 | 1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
 | 1. 🞎
2. 🞎
3. 🞎
4. 🞎
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| 1. **Section 11: Young adult declaration of consent**
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| 1. *“I have read and understood the information leaflet about the Educational Psychology Service” (please tick or cross)*
2. *“I have read and understood the Educational Psychology Service privacy notice” (please tick or cross)*
 | 1. 🞎
2. 🞎
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| 1. *“I give my consent to work with the Educational Psychology Service” (please tick or cross)*
2. *“I give my consent for the Educational Psychology Service to liaise/ meet with my parent(s)/ carer(s)/ Social Worker (please tick or cross)*
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| Signed *(young adult)*: | Date: |
| **Section 12: Next steps** |
| *Please now email your completed self-referral form to [X]. Many thanks.* |