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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. 🞎 |
| 1. **Section 11: Young adult declaration of consent** | | | | |
| 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. 🞎 |
| 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)* | | | | 🞎   🞎 |
| Signed *(young adult)*: | | | Date: | |
| **Section 12: Next steps** | | | | |
| *Please now email your completed self-referral form to [X]. Many thanks.* | | | | |