**REQUEST FOR INVOLVEMENT – NEURODIVERSITY (ND) PRACTITIONERS (FORM 4)**

**If returning this form electronically, please send via encrypted email to** [**eps@shropshire.gov.uk**](mailto:eps@shropshire.gov.uk)

*Please do not return this form directly to the Neurodiversity Practitioner*

**Please complete all sections**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Work Requested By |  | | | | | | |
| Title/Designation |  | | | | | | |
| Setting/School/Academy |  | | | | | | |
| Telephone Number |  | | | | | | |
| E-mail Address ***(Encrypted report will be sent to this e-mail address)*** |  | | | | | | |
|  |  | | | | | | |
| Local Authority | Shropshire | |  | Other | |  |  |
|  |  | | | | | | |
| Main contact/link for this work  *(if different from above)* |  | | | | | | |
|  | | | | | | | |
| Name of Pupil | |  | | | | | |
| Date of Birth | |  | | | Year Group | | |
| Address | |  | | | | | |
| Postcode | |  | | | | | |

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|  |  | | | | | | | | | | | | |
| Gender | Male |  | Female |  | | | Other\* | |  | | \*Detail preferred pronouns: | |  |
|  |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Looked After | Yes |  | No | |  | | | Which LA if yes | | | |  |  |
|  |  | | | | | | | | | | | | |
| Home Language |  | | | | | Ethnicity | | | |  | | | |

|  |  |  |
| --- | --- | --- |
| Name of Parent Carers | 1. | 2. |
| Parental Responsibility  *(if different from above)* |  |  |
| Telephone Number |  |  |
| E-mail Address |  |  |

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| Has Early Help support been requested? | Yes\* |  | No |  |  |
|  |  | | | | |

\* *Please attach a copy of the EHAF to this request, if appropriate.*

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| Has the Virtual School been informed if CLA | Yes |  | No |  |  |
|  |  | | | | |

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| SEN Code of Practice | N/A |  | SEN Support |  | EHCP\* |  |  |
|  |  |  |  |  |  |  |  |

*\* Please note that if the child has an EHCP then NDP involvement will not be appropriate.*

|  |  |
| --- | --- |
| Has an EHCNA been requested? | Yes\*      No |
| \* Date requested: Accepted?: | |

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|  |  | | | | |
| Has a psychologist had previous involvement? | Yes\* |  | No |  |  |
|  |  | | | | |

\* *Please attach the psychologist’s report.*

Other agencies involved (past and current):

|  |  |  |
| --- | --- | --- |
| **Name and Role** | **Date of Involvement** | **Contact Details** |
|  |  |  |
|  |  |  |
|  |  |  |

Additional information: *Please tick appropriate boxes and attach documents.*

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| --- | --- | --- | --- |
|  |  | | |
| Record of attendance (patterns, % - please attach) |  |  |  |
|  |  | | |
|  |  | | |
| Copy of the Provision Map |  |  |  |
|  |  | | |
|  |  | | |
| Copy of the PEP for CIC |  |  |  |
|  |  | | |
|  |  | | |
| Two cycles of plan, do and review (i.e., across a half-term/term)\* |  |  |  |
|  |  | | |

\* <https://shropshire.gov.uk/the-send-local-offer-practitioners-information/information-forms-and-resources/send-in-schools/>

Please complete with **full** information. The spaces below will expand if completed electronically.

Additional information may be attached to the form as necessary.

**School:**

## Please provide an overview of the child’s needs in relation to neurodiversity (ADHD and/or autism).

## What is the reason(s) for requesting support from the ND Practitioners?

What outcome(s) would you like from the involvement of the ND Practitioners?

What is the current position?

What support has been implemented and to what effect?

Does the child have a neurodivergent diagnosis and/or been referred to the diagnostic pathway?

What positive elements can be built upon? *Please give as many examples, as appropriate.*

Other relevant information

**Parent Carers:**

## Please provide an overview of your child’s needs in relation to neurodiversity (ADHD and/or autism). *These may be recorded separately and attached.*

|  |  |
| --- | --- |
| 1. | 2. |

Other relevant information.

**Child:**

What do you think your strengths are and what do you feel you need help with at school? *This may be recorded separately and attached.*

Other relevant information.

**Note for Parents Carers**

**When signing this form, you are giving permission for a Shropshire Council Neurodiversity (ND) Practitioner to consult about your child. You will have the opportunity to discuss your child directly with the ND Practitioner. The ND Practitioners are part of the Shropshire Educational Psychology Service (EPS) and are supervised by a Specialist Senior Educational Psychologist for Neurodiversity. The work of the ND Practitioner may involve, for example, observations in the classroom, discussion with yourself / yourselves and teaching staff, working with your child individually, and/or training for the teaching staff supporting your child. Please add any notes you wish in the space provided above and sign the form to confirm that you are happy for the ND Practitioner to become involved and that you have read and understood the Shropshire EPS Privacy Notice (attached to this form and available on the EPS** [**website**](https://www.shropshirelg.net/media/nsrndzrx/eps-privacy-notice.pdf) **This gives permission for Shropshire Educational Psychology Service to share assessment information about your child with other relevant professionals as specified in the Privacy Notice.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  | | Date: |  |
|  | | | | |
| Full Name: |  | | | |
| (Parent Carer with parental responsibility) | | | | |
|  | | | | |
| Head Teacher Signature: | |  | Date: |  |

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(An encrypted email can be sent if requested for you to reply to and attach your completed Form 4 securely)