Inclusion Service

Permission Form for Educational Psychology Team Involvement

Dear Parent(s)/Carer(s),

Re: EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT

Should an Education, Health and Care Needs Assessment be agreed by the Local Authority, Professional Advice from an Educational Psychologist (EP) must be provided. If there is a need to request information and advice, or further information and advice, from an EP, in addition to pre-existing EP information or Advice, additional consent for involvement will be required.

Important: Completion of the consent form below applies only to requests for Education, Health and Care Needs Assessments (EHCNAs). If the Local Authority determines that an assessment is **not** necessary, your consent for involvement from the Educational Psychology Team as part of the EHCNA process will no longer be valid.

Child's/young person's/adult's name	
Date of birth	
Year group	
Address	
Parent(s)/carer(s)' names and address	
Educational setting and address	
Designated safeguarding lead (DSL) and contact details	

I give permission for the involvement of Lancashire's educational psychology team with (name of child or young person/adult) _____. This involvement could include direct work with the child or young person/adult and/or discussion with other adults who teach and care for the child or young person/adult as well as other professionals who support them.

Information about the work of educational psychologists can be found at the following link: https://www.lancashire.gov.uk/children-and-families/special-educational-needs-and-disabilities-local-offer/primary-and-secondary-education/specialist-educational-support/educational-psychology-service/

Giving consent means that:

a) I understand the particular role and function of educational psychologists in providing their advice as part of an Education, Health and Care Needs Assessment
b) I understand the activities which the educational psychologist/trainee educational psychologist/assistant educational psychologist/associate educational psychologist might undertake with respect to the above named child or young person/adult, either directly or indirectly.
c) I understand that information relating to the above named child or young person/adult, in accordance with the above, will be retained on the Inclusion Service 'Early Help Module' (Lancashire County Council's secure data storage system). Please see the following website for further information regarding how we store and use data: https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send/
d) I understand that educational psychologists may use Generative Artificial Intelligence (AI) tools to support their day-to-day casework. I understand that any use of AI will be carried out in accordance with data protection legislation, Lancashire County Council policies, and professional standards. Please see the following website for further information regarding how we use Generative AI in our work: https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send/

If the child/young person is under the age of 16, the parent/carer must sign below:

Signed: _____

Name of consent giver: _____

Relationship to child/young person: _____

Date: _____

If the young person is aged 16 years or older:

Young people aged 16 or over are assumed to have mental capacity (Mental Capacity Act 2005) to make their own decisions, unless there is evidence that they do not.

If a young person has capacity, they must give their own consent for Educational Psychology involvement. We welcome and encourage parent(s)/carer(s) consent where a young person agrees to involve them, as we aim to work in partnership. However, parent(s)/carer(s) consent is not a legal requirement when a young person aged 16 years or over has capacity and gives their own consent.

Consent from young person/adult aged 16-25:

I consent to Educational Psychology involvement. Signed by young person/adult aged 16–25: _____ Young person's/adult's name: _____ Date: _____
I agree for my parent(s)/carer(s) to be involved in this process. Signed by young person/adult aged 16–25: _____ Parent(s)/carer(s) signature, where the young person/adult agrees to their involvement: _____ Parent(s)/carer(s) name(s): _____ Date: _____

Where a 16-25 year old young person/adult lacks capacity to consent:

If the young person/adult aged 16–25 is assessed as lacking capacity to consent, this section should be completed by the person with formal responsibility for decision-making, or by the appropriate person acting in their best interests.

Signed by person with formal responsibility for decision-making:

_____

Name of person with formal responsibility for decision-making:

_____

Role/Relationship to young person/adult: _____

Date: _____