Neurodevelopmental Pathway

Personal Details and Consent Form

**Section 1 (initial consent)**

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| Name of Pupil  UPN  NHS Number  Health Authority | Sex | Date of Birth |
| School name and telephone number    Year | |
| Is the pupil a Looked After Child/Young Person?  Yes No  Is the young person in receipt of Pupil Premium?  Yes No | Attendance for current term  Actual/Possible | |
| First Language  Parent Carer First Language | Ethnicity  Religion | |
| Name of Parent/Carer  Address  Telephone Number  Email Address | | |
| I have met with a school representative to talk about my son / daughter’s strengths and needs. I agree to information about my son / daughter being verbally shared with an Educational Psychologist to help determine how best to support them and to a copy of this form being stored in the school’s student record system.  Signed ………………………………… Date ……………. | | |



**Section 2 (discussion with Educational Psychologist)**

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| Key strengths and needs identified | |
| Name of Educational Psychologist  Name of SENCo  Email contact details  Date of discussion | Recommendation  Direct referral for Specialist Assessment  OR  Early Intervention Pathway |

**Section 3a (to be completed if requesting Early Intervention).**

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| I have been informed of and understand the course of action recommended by the SENCo and Educational Psychologist. I wish to access the Early Intervention programme.  I agree to information about my son / daughter’s strengths and difficulties being shared with Coventry Local Authority’s SEND Service for the purpose of providing this support and subsequently with Coventry and Warwickshire NHS Partnership Trust, should an onward referral be agreed.  I agree to an Early Intervention professional completing an observation and, if necessary, individual work with my son/daughter.  Signed ………………………………… Date ……………. |

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| I have been informed of and understand the course of action recommended by the SENCo and Educational Psychologist. I wish to proceed with a direct referral to the specialist Neurodevelopmental Service for an ASD assessment.  Signed ………………………………… Date ……………. |

**Section 3b (to be completed if referring directly for ASD Assessment)**