**Educational Psychology Team: SEND Support Services**

Educational Psychology Team

**Preparing to work with your Educational Psychologist**

**Date completed:**

|  |  |
| --- | --- |
| **About you** | |
| Name and contact details of SENCo (including email) | Click here to enter text. |
| How long have you been in the SENCo role? | Click here to enter text. |
| How much time is allocated on a weekly basis to the SENCo role? | Click here to enter text. |
| Are you part of the school’s SLT? | Yes  No |
| When did you complete the SENCo training? | Click here to enter text. |
| Have you completed any other training/ qualifications which support you in your role? | Click here to enter text. |

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| **About your school** | | | |
| No. of pupils on roll | Click here to enter text. | School status  (please tick) | LA maintained  Academy |
| Age phase | Nursery  Lower  Primary  Middle  Secondary  Upper  Other (please explain) Click here to enter text. | No. of pupils at Stage 1 | Click here to enter text. |
| No. of pupils at Stage 2 | Click here to enter text. |
| No. of pupils with a statement/EHCP | Click here to enter text. |
| No. of pupils with pupil premium | Click here to enter text. |
| No. of children looked after | Click here to enter text. |
| Is there anything else about the school that would be helpful to know? (e.g. recent changes in staff, information about the local community) | | | |
| Click here to enter text. | | | |

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| **About the SEND provision in your school** | | | | |
| What provision do you currently have in place to support pupils with: | | | | |
| Cognition and Learning needs?  Click here to enter text. | | | Social, Emotional, Mental Health needs?  Click here to enter text. | |
| Communication and Interaction needs?  Click here to enter text. | | | Sensory and Physical needs?  Click here to enter text. | |
| What is your current whole school focus for SEND? | | | | |
| Click here to enter text. | | | | |
| How do you record and monitor the ‘Assess, Plan, Do, Review’ cycle? | | | | |
| Click here to enter text. | | | | |
| What support do you offer to children, young people and their families as they transition into and out of your school? | | | | |
| Click here to enter text. | | | | |
| How do you know about services in your local area E.g. websites, local offer, Central Essentials, out of school groups? | | | | |
| Click here to enter text. | | | | |
| Do you have opportunities to meet with other SENCos, for example at liaison meeting or Professional Study Groups? | | | | |
| Click here to enter text. | | | | |
| What are your priorities for working with the Educational Psychology Team this year? Please tick… | | | | |
| Group work |  | Support with whole school development projects | |  | |
| Staff well-being |  | Support with research | |  | |
| Pupil well-being |  | Planning for provision and setting up interventions | |  | |
| Consultation about individual pupils |  | Pupil assessments (Please indicate approximate number):   * EHC Click here to enter text. * Transfers Click here to enter text. * Core work Click here to enter text. * Commissioned work Click here to enter text. | |  | |
| Consultation about particular areas of SEND |  |
| Developing evidence-based practice |  |
| Training |  |
| Other |  |

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