CITY OF WOLVERHAMPTON COUNCIL

Inclusion Support: Educational Psychology

enabling positive participation for all

Request for consultation support from the Educational Psychology Service

Child/ young person's details

First Name(s)		Surname	
Date of birth School Year		School/ setting	
Has an Educational Psychologist previously been involved with your child/yp? If yes, can you please provide the name(s) of the Educational Psychologist			

Parent/carer's details

First Name(s)		Surname	
Preferred method of communication e.g. phone, video calling, email **and details**		Is an Interpreter required?	

I am seeking support with the following areas:

Preferred contact times

Please tick preferred contact times and/or insert specific preferred dates/times

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM					
PM					

We will aim to respond to consultation requests by providing a date and time within 3 working days.

Contact us: inclusionsupportadmin@wolverhampton.gov.uk
01902 550609
Website: www.educationalpsychologywolverhampton.co.uk

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Please see our website (web address in footer) for helpful and supportive resources.

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