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## **Request for Support from the Emotionally-Based Barriers to School Attendance (EBBSA) Team**

<b>Child / Young Person Information</b>	
<b>Name of Child:</b> <b>Child's preferred name:</b> <b>Child's preferred pronouns:</b>	<b>D.o.B.:</b>
<b>Age:</b>	<b>Year Group:</b>
<b>Home Language:</b>	<b>Ethnicity:</b>
<b>Names of Parent(s) / Carer(s):</b> <i>(if child is in care please also state who has parental responsibility)</i>	<b>Contact Details:</b> Home Tel:  Mobile: Email:  Which way would you prefer to be contacted?
<b>Child's Address:</b>	
<b>Is the child in the Public Care?</b> Yes <input type="checkbox"/> No	<b>Additional Adults with Parental Responsibility:</b> <b>Name:</b>  <b>Address:</b>
<b>School Information</b>	
<b>Which school are they on roll at and when did they first go on roll at that school?</b>	
<b>Which school / education place are they currently attending (if different to their school), and when did they start attending there?</b>	
<b>Which school staff member should we contact? Who knows them best at school / in Education?</b>	
<b>Which other schools / education settings have they attended before this one?</b>	

### **Support from the EBBSA support team can be requested by:**

- School (with parental knowledge and consent)  
Once complete, send to [Josephine.cooper@nelincs.gov.uk](mailto:Josephine.cooper@nelincs.gov.uk) via MOVEit.
- A person with parental responsibility for the child or young person

**Community Educational Psychology Services (CEPS)**



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Email us at [EBBSA@nelincs.gov.uk](mailto:EBBSA@nelincs.gov.uk) to arrange a convenient time and place to meet with you to collect this form and talk together. If you don't have a printer, we can bring a printed version to complete with you.

**How would you like things to change / What do you hope to get from this support?**

*(N.B. - Please identify whose views are being reported here, for example, class teacher, parent, carer, child or young person. Ideally the views of more than one person would be included here.)*

**Is there anything else which you would like to tell us about that that will help us support you?**

**Other agencies involved now (or previously)**

Specialist	Please tick	Specialist	Please tick



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Educational Psychologist involvement		Occupational Therapist	
Specialist Advisory Teacher		Speech and Language Therapy	
Behaviour Support		Young Minds Matter (ex CAMHS)	
Early Years/ Portage		Social Worker	
Health Visitor		Paediatrician	
ASPIRE / BAC		Early Help	
Any other Local Authority Service		CompassGo	

**AGREEMENT FROM PERSON WITH PARENTAL RESPONSIBILITY**

**BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:**

- **You understand that when the EBBSA support team receive this completed form that they might:**
  - Contact you via your preferred method
  - Talk with your child's school / place of education
  - Open a secure electronic file for your child or teenager
  - Ask for copies of other services' reports
- **If any written information / Action Plan for your child or teenager is made, then you will also be given a copy of this.**
  - We may also share our report or support plan with other agencies to best support your child or teenager.

By signing this form, you also confirm that you are a person who has parental responsibility for this child or young person.

**Parent/Guardian**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Relationship to Child / Young Person:** \_\_\_\_\_



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