

**Full Name:**

**Date of Birth:**

**Age:**

**Home Address:**

**Postcode:**

**Telephone Number:**

**Mobile:**

**School:**

**School Year:**

**History** – any previous assessments / reports:

**Health and Developmental factors** - any unusual features in health or development:

Any known speech and language issues (– for example, receptive language, word finding):

Any known motor skills issues:

Any social and emotional / behavioural issues:

Any hearing issues:

Any visual issues (– for example, skipping and re-reading lines when reading, or experiencing glare from text, difficulty copying from the board):

Any memory / concentration issues:



**School history** - Schools attended:

Any support received at school or out of school:

Examination concessions currently in place:

Strengths:

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**Difficulties / reason for assessment**

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**National Curriculum levels or GCSE / A level / BTec / other results**

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**Are there any access requirements that PsychEd Ltd staff need to know about prior to the appointment:**



**AUTHORISATION – child assessment**

I/we instruct **PsychEd Ltd** to carry out a psychological assessment with my/our child.

- I/we have discussed this and prepared my/our child.
- The information provided in this referral form is accurate.
- I/we will respect the confidential nature of the assessment report and only circulate it to relevant professionals and use it for the purpose for which it was intended. I understand that where reproduced it should be copied in full.
- I/we will ensure access to the assessment report by all persons with parental responsibility for my/our child.

N.B., any confidential information which you do not want recorded within the report should be disclosed to the psychologist on the understanding that it should not be shared.

Signature:.....

Name/s:.....

Relationship to child:.....

Date:.....

**AUTHORISATION- adult assessment**

I instruct **PsychEd Ltd** to carry out a psychological assessment.

- I understand the psychological assessment process.
- The information provided in this referral form is accurate.
- I will respect the confidential nature of the assessment report and only circulate it to relevant professionals and use it for the purpose for which it was intended. I understand that where reproduced it should be copied in full.

N.B., any confidential information which you do not want recorded within the report should be disclosed to the psychologist on the understanding that it should not be shared.

Signed:.....

Name:.....

Date:.....

