



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

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

Support from the EBBSA support team can be requested by:

- School (with parental knowledge and consent)
 Once complete, send to <u>Josephine.cooper@nelincs.gov.uk</u> via MOVEit.
- A person with parental responsibility for the child or young person

Email: EBBSA@nelincs.gov.uk





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Email us at <u>EBBSA@nelincs.gov.uk</u> 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.)				
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le there enything also which you would like to tall up about that that will halp up augment you?				
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)				

Tel: 01472 323314

Specialist

Please

tick

Email: EBBSA@nelincs.gov.uk

Please

tick

Specialist





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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

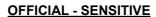
BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:

- 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:		







Tel: 01472 323314

Email: EBBSA@nelincs.gov.uk