

Creating equal opportunities for every child to succeed.

Name of child/young person:	
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Name of Parent/ Carer with PR:		Relationship to child/young person:	
Contact Number(s):			
Email Address:			

I agree and am authorised to agree for the above named child/young person to have involvement from Equal Endeavours staff.

I understand that this may involve the following:

	Tick to agree:
• Observation in a usual setting and/or recording of behaviours	
• Meeting with child/young person and recording their views and comments	
• Undertaking relevant assessments which may be recorded	
• Meetings and conversations with adults in the setting who are known to child/young person	
• Discussion with relevant outside agencies currently involved with child/young person where contact details have been provided by the Referrer or Parent/Carer	
• Secure storage of written documents, assessments about/completed by child/young person	

Any areas above where consent is NOT given, please cross through. This may affect the quality of the service we are able to provide. Agreement subject to our Terms and Conditions (Individuals/Organisations).

Consent:

Print Name: _____

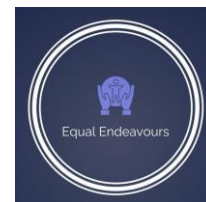
Signature: _____

Equal Endeavours SEND Consultancy

T: 07926 598500

E: equalendeavours@outlook.com

W: www.equalendeavours.com



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Date: _____

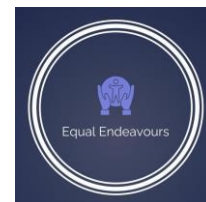
Please detail below any further information that you feel may be relevant:

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