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| **ELM TREE HOLISTIC OUTREACH SERVICE**  **(ETHOS)**  **Educational Psychologist Request.** | | | |
| School Name: |  | School No: |  |
| Contact Person: |  | Tel No: |  |

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| **Brief reason for request for Educational Psychologist Request:**  **Child’s Full Name:**  **D.O.B.**  **Parent/Carers contact details:** |

**Please send completed referrals to: outreach@elmtree.lancs.sch.uk**