 Educational Psychology Time Audit 2015 - 16

This form has been devised in order to help you to calculate your potential need for Educational Psychologist support over the next academic year.

The audit is intended to give a general idea of how much time you might need and is in no way a binding contract or guarantee that this will be available. Comparing the total required to your estimated allocation for the next year will help you to make a decision about whether or not you need to purchase additional EP sessions.

Should you wish to purchase additional sessions from the EPT, please complete the attached booking form and return before 27th March 2015.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number required | Approximate cost | Total number of sessions |
| 1 day a week | (based on one term’s notice) | £15,808 | 76 |
| Half a day a week / one day a fortnight |  | £7,904 | 38 |
| Half a day a fortnight |  | £4,199 | 19 |
| Individual assessment / consultation, meeting with parents and consultation with staff |  | @ 1 sessions |  |
| Full report of assessment |  | @ 1session |  |
| End of Key Stage transition planning (assessment and transition meeting) |  | @ 1 session |  |
| Annual Review (assessment and attendance at meeting) |  | @ 2 sessions |  |
| Support to SENCO |  | @ 1 session |  |
| Whole school support |  | @1 session |  |
| Staff Training Twilight |  | @ 2 session |  |
| Half Day |  | @ 3 sessions |  |
| Full Day |  | @ 4 sessions |  |
| Interventions (eg Therapeutic story writing; SPARK) |  | @ 6 sessions |  |
| Parenting Work Parenting Group |  | @ 5 – 8 session |  |
| Parent Drop-ins |  | @ 1 session |  |
| Other |  |  |  |
| Total | | |  |
| Provisional core sessions 2015 - 16 | | |  |
| Purchase Required | | |  |



|  |  |
| --- | --- |
| Booking Request for Educational Psychology sessions 2015 - 16 | |
| School |  |
| Name of person making request |  |
| Contact email |  |
| Number of additional sessions required |  |
| Key focus of work ( if known) |  |
| Any other preferences |  |
| Name of person to whom SLA should be sent to |  |
| Signed |  |
| Date |  |

Please return to:

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Principal Educational Psychologist

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