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**PARENT/GUARDIAN CONSENT – PSYCHOLOGICAL SERVICES**

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| School: Date (m/d/y):  Student Legal Name: Date of Birth (m/d/y):  Provincial Student Number: Grade:  Parent/Guardian(s) Name:  Address:      Phone: |

**Service(s) recommended by the Program Planning Team:**

☐Formal Psycho-Educational Assessment ☐ Counseling (Group/Individual)

☐ Behavioural Consultation/Assessment ☐ Other:

\*Please see the reverse for description of these services

*It is important for you and your child to understand that the participation in the above activities is voluntary; your child cannot be required to participate. You and/or your child also have the right to discontinue the process at any time. You have a right to a copy of any reports that are produced from this assessment. If you decide to allow your child to participate, information on his/her participation will become a permanent part of your child’s records.*

**Parent/Guardians please complete:**

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| --- |
| I/We consent to receiving the above indicated service, and I understand that specific school staff may be consulted, and that information about the referral will be placed in the student’s confidential folder. I understand that this information will be discussed at the Program Planning Team Meetings and may be used to program for my child. In the case of an assessment, a written report would be placed in the student’s confidential folder.    Parent/Guardian Signature Date |

**or**

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| I/We **do not** consent to receiving the above indicated service.    Parent/Guardian Signature Date |

Copies sent to: ☐ Psychologist ☐ Confidential File

**\* What is involved in a Psycho-educational assessment?**

An individual psycho-educational assessment completed by a School Psychologist will include the use of tests, observations, and discussions with the student in a one-to-one situation at the school. Depending on the referral, the assessment may include intellectual, developmental, academic and/or social-emotional tests and concerns. An assessment may include a review of school history, classroom observations, as well as interviews with the student, parent(s) or guardian(s), school personnel, and outside agencies such as family physicians and/or community services. Discussion with school staff and a review of all student records are involved. The parents/guardians will be asked to provide information about their child. Meetings with the Program Planning Team (including the parents/guardians and student) to review the results and clarify information will occur once the assessment is completed. The written report completed by the School Psychologist is placed in the student’s confidential folder and provided, upon request, to the parent/guardian.

**\* What is involved in counseling?**

Counseling services can often help students cope with life experiences that are impacting on their ability to perform to their potential. Conversations between the student and the psychologist are protected under confidentiality. However, the goal of all counseling services is to promote student well-being and healthy communication between the student and the significant individuals in their lives. The Canadian Code of Ethics for Psychologist (2000) states that there are three exceptions to confidentiality. These are: when disclosure is required to prevent clear and imminent danger to the client or others, when legal requirements demand that confidential material be revealed, and when a child is in need of protection. Counseling services offered at the school level are usually short-term.

**\* What is involved in a Behavioural Consultation/Assessment?**

Often, the behaviour of a student can have an impact on their ability to perform to the potential. Many times, a referral to the School Psychologist for a behavioural consultation/assessment may be needed. An assessment may include the use of tests, observations, discussions with the student in a one-to-one situation at the school. An assessment may include a review of school history, classroom observations, as well as interviews with the student, parent(s) or guardian(s), school personnel, and outside agencies such as family physicians and/or community services. Discussions with school staff and a review of all student records are involved. The parents/guardians will be asked to provide information about their child. Meetings with the Program Planning Team (including the parents/guardians and student) to review the results and clarify information will occur once the assessment is completed. The written report completed by the School Psychologist is placed in the student’s confidential folder and is provided, upon request, to the parent/guardian.

**MEDICAL AND DEVELOPMENTAL HISTORY**

*(****To be completed by Parent/Guardian)***

**Student’s Name:**  **Date of Birth (m/d/y):**

**Family Doctor:**

1. Did you have difficulty during the pregnancy and/or birth of you child?

☐ No ☐ Yes If yes, please provide relevant details:

2. Has your child had any serious illnesses or been hospitalized?

☐ No ☐ Yes If yes, please provide relevant details:

3. Is you child on medication?

☐ No ☐ Yes If yes, please provide relevant details:

4. At what age did you child:

Crawl Walk

Say 1st Word Speak Sentences

Toilet trained

5. Describe any unusual behaviours (i.e. temper tantrums, repetitive movements, fears, etc.)

6. Have vision and hearing been assessed?

☐ No ☐ Yes When: Please explain any problems:

7. Is there a family history of any learning problems?

☐ No ☐ Yes If yes, please provide relevant details:

8. Has your child been referred or seen by any of the following?

☐ Program Support Teacher

☐ Speech-Language Pathologist

☐ IWK

Parent/Guardian Signature: Date: