****

**PARENT/GUARDIAN CONSENT – PSYCHOLOGICAL SERVICES**

|  |
| --- |
| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (m/d/y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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

☐ Formal Psycho-Educational Assessment ☐ Counselling (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.*

**COVID-19 Safety Measures**

During the Pandemic we will continue to follow best practices as directed by Public Health, recognizing that the specific directives may change over the course of the pandemic.  Current practices include physical distancing as possible, the use of a plexi glass barrier during the assessment when masks are not worn by the student or the assessor, the use of hand sanitizers at the beginning of the assessment, and the sanitization of common areas before and after each session with the student.  Please contact the Psychologist if you have specific questions or concerns about the safety measures being followed.

**Parent/Guardians please complete:**

|  |
| --- |
| 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 electronic confidential file (Tienet). I understand that this information will be discussed at the Student 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 electronic confidential file (Tienet). **\*Please note:** If there is a shared custody arrangement, both parents will be required to sign this consent form for the service to take place. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**or**

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

Copies sent to: ☐ Psychologist ☐ Electronic Confidential File (Tienet)

**\* 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/Nurse Practioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Were there any difficulties during pregnancy and/or birth?

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

2. Has your child had any significant illnesses/medical concerns or been hospitalized?

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

3. Does your child have any diagnoses? Is your child currently taking any prescribed medications?

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

4. At what age did your child:

 Walk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toilet trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Say 1st Word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speak Sentences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Has your child experienced any of the following problems? Please check all that apply.

 Walking difficulty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unclear speech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sleep problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Eating problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your child exhibit any of the following:

Is easily stressed/anxious No Yes

Is generally happy No Yes

Has a short attention span No Yes

Seems impulsive No Yes

Lack self-control No Yes

Has fears No Yes

Overreacts when faced with a problem No Yes

Requires a lot of parental attention No Yes

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Describe your child’s social skills (e.g. relationships with siblings, friends, adults).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Have vision and hearing been assessed?

Vision: ☐ No ☐ Yes When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing: ☐ No ☐ Yes When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a history of chronic ear infections? ☐ No ☐ Yes

Please explain any problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is there a family history of:

Learning problems No  Yes

ADHD No Yes

Autism Spectrum Disorder No Yes

Anxiety No Yes

Depression No Yes

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

 ☐ Pediatrician

 ☐ IWK

 ☐ Mental Health and Addictions

 ☐ Child Psychiatry

 ☐ Tutor

 ☐ Other service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Revised March 2021