South Shore
Regional Centre for Education

Psychology Services

Parent/Guardian Consent

Student's Name: _____ Date of Birth (m/d/y): _____

School: _____ Grade: _____ School Year: _____

**Please note consent for services is valid for the current school calendar year only.*

School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behaviour to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists' partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community (National Association of School Psychologists).

School Psychologists work with regional and school-based staff to support Tier 1 classroom and individual programming for students. School Psychologists work through assessments and consultations based on the TST Priority Setting document. School Psychologists are licensed by the Nova Scotia Board of Examiners in Psychology.

This referral is part of the ongoing efforts of the Student Planning Team to identify and meet your child's needs at school. It is important for you to understand that participation in the above supports is voluntary. You and/or your child have the right to decline or discontinue this process at any time. You will be provided with a copy of any report(s) written based on the service provided.

Services and conversations between the Psychologist and the student are confidential. The Canadian Code of Ethics for Psychologists (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.

Service(s) Recommended by Student Planning Team:
(To provided informed consent please read the service descriptions on the following page).

☐ Formal Psycho-Educational Assessment
☐ Counselling (Group/Individual)
☐ Behavioural Consultation/Assessment
☐ Other: _____

Parent(s)/Legal Guardian(s) please complete:

☐ I/We the undersigned, hereby affirm that I am/we are the parent(s)/legal guardian(s) of _____ (student's name) and have the authority to make decisions on their behalf.

**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.*

- Continued on Next Page -

☐ I/We give full and informed consent to _____(student) receiving the above indicated service, and that the team referral, parent/guardian consent, and assessment report (if completed) will be uploaded in the student's permanent 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 and that I may withdraw consent from this service at any time.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

OR

☐ I/We **do not** consent to _____(student) receiving the above indicated service.

Parent/Legal Guardian Signature: _____Date: _____

Parent/Legal Guardian Signature: _____Date: _____

If you have any questions or concerns, please contact your School Psychologist

School Psychologist: _____ Email: _____ Phone: _____

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School Psychology Services

(Description of services)

***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 Student Planning Team (including the parents/guardians) 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 electronic confidential file (Tienet) and provided to the parent(s)/guardian(s).

*** What is involved in counselling?**

Counselling services can often help students cope with life experiences that are impacting their ability to perform to their potential. Conversations between the student and the psychologist are protected under confidentiality. However, the goal of all counselling services is to promote student well-being and healthy communication between the student and the significant individuals in their lives. Counselling services offered at the school level are usually short-term.

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

The behaviour of a student can have an impact on their ability to perform to their potential. In some cases, a referral to the School Psychologist for a behavioural consultation/assessment may be needed. An assessment may include a review of school records, classroom observations, use of standardized rating scales 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. Meeting(s) with the Student Planning Team (including the parents/guardians) to review the results and discuss recommendations will occur once the assessment/consultation is completed. If a written report is completed by the School Psychologist, it will be placed in the student's electronic confidential file (TIENET) and provided to the parent(s)/guardian(s).

MEDICAL AND DEVELOPMENTAL HISTORY

(To be completed by Parent/Guardian)

Student's Name:_____ Date of Birth (m/d/y): _____

Family Doctor/Nurse Practitioner: _____

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. Is your child currently taking any prescribed medications?

☐ No ☐ Yes If yes, please provide relevant details (i.e., medication name, dosage).

5. At what age did your child:

Walk: _____ Toilet Train: _____

Say 1st Word: _____ Speak Sentences: _____

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

☐ Walking difficulty: _____

☐ Unclear speech: _____

☐ Sleep problems: _____

☐ Eating problems: _____

7. Does your child exhibit any of the following:

Is easily stressed/anxious	☐ No	☐ Yes
Is generally happy	☐ No	☐ Yes
Have a short attention span	☐ No	☐ Yes
Seems impulsive	☐ No	☐ Yes
Lack self-control	☐ No	☐ Yes
Have fears	☐ No	☐ Yes
Overreacts when faced with a problem	☐ No	☐ Yes
Requires a lot of parental attention	☐ No	☐ Yes

If yes, please describe:

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

9. Have vision and hearing been assessed?

Vision: ☐ No ☐ Yes When: _____ Corrective Lenses: ☐ No ☐ Yes

Please explain any problems: _____

Hearing: ☐ No ☐ Yes When: _____

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

Please explain any problems: _____

10. Is there a family history of:

Learning problems	☐ No	☐ Yes
ADHD	☐ No	☐ Yes
Autism Spectrum Disorder	☐ No	☐ Yes
Anxiety	☐ No	☐ Yes
Depression	☐ No	☐ Yes

Other:_____

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

- ☐ Pediatrician
- ☐ IWK
- ☐ Mental Health and Addictions
- ☐ Child Psychiatry
- ☐ Tutoring
- ☐ Other service(s): _____