

Parental Consent Form

Special Education Services: Educational Psychology

FNESC/FNSA Educational Psychology assessments may be beneficial in supporting your child in their educational goals. After consideration by the school team and in consultation with you, it has been determined that Educational Psychology services would be beneficial in supporting your child. Participation in this program is strictly voluntary and consent can be withdrawn at any time.

Purpose of Assessment

The primary purpose of assessments is to help teachers and parents best support your student in school.

Assessment Process

The Educational Psychology assessment may include any or all of the following:

- Collection of information from parent(s)/guardian(s) and school staff
- Observations conducted by school personnel related to ability, achievement, behaviour, and attendance
- Testing by a qualified Educational Psychologist
- Photo needed for assessment purposes

What happens after the assessment?

Following the assessment, the Educational Psychologist will discuss the findings and recommendations with relevant school staff and parents/guardians. The Educational Psychologist will write a report describing the assessment findings, and copies will be provided to the school and the parent/guardian.

If your child is **not** selected by FNESC for assessment during this upcoming school year, your consent must be renewed for any future referral. Authorization and participation in the FNESC Educational Psychology assessment is voluntary.

Right to Withdraw Consent

The parent/guardian/independent student will be notified in advance when the assessment is to take place. Consent may be revoked at any time by notifying the school principal.

Privacy

FNESC/FNSA are subject to the Personal Information Protection Act and takes seriously its obligations to protect the privacy of you and your child. Except as described in this consent, assessment results will be used in the school only by those individuals who are responsible for developing a support program for your child.

(Parental Consent Form cont'd)

I, _____, provide consent for my child _____ to
(First and Last Name of Parent or Legal Guardian) (First and Last Name of Student)

Student Date of Birth (DD/MM/YYYY): _____

Initial all purposes to which you give consent.

Referral and Assessment

_____ Be referred for an Educational Psychology Assessment, and if selected by the FNESC/FNSA Special Education Team, I hereby consent to have my child participate in an Educational Psychology assessment.

_____ Have their photograph taken to be embedded in the final Educational Psychology Report.

Obtain and Release Information

I also grant consent for the Educational Psychologist to:

_____ Read relevant reports about my child contained in the school file.

_____ Consult with other professionals who have seen my child (e.g. Aboriginal Infant Development Program/Community Health Nurse/Teacher/Pediatrician/Occupational Therapist) in order to plan and follow up on your child's assessment. This may include sharing with such professionals the assessment results and other information about you, your family or your child relevant for such planning purposes.

_____ Discuss pertinent information with representatives of relevant professional agencies who provide support for my child.

Consent Renewal

Parental consent is valid until revoked, but a renewed consent will generally be sought at the commencement of each new school year.

By signing below, I consent to the collection, use and disclosure of my and my child's information as described above:

Parent/Guardian Signature: _____

Date: _____

For Students Aged 13 Years and Older

I consent to the collection/use/disclosure of my information as described by this document.

Student Name: _____

Student Signature: _____

Date: _____

School: _____