

Parental Consent Form

Special Education Services: Occupational Therapy

FNESC/FNSA Occupational Therapy assessment/therapy services may be beneficial in supporting your child in their educational goals. Participation in this program is strictly voluntary and consent can be withdrawn at any time.

Who are Occupational Therapists?

Occupational Therapists (OTs) are registered medical professionals trained to assess a person's ability to function in their activities of daily living. Based on their assessment findings, occupational therapists provide recommendations to improve or enhance existing function.

Why an Occupational Therapy Assessment?

Occupational Therapy works to ensure that your child can participate in all activities during school and home. This includes understanding more about how your child moves, how they use their hands, and how your child prints and writes. Also, occupational therapy also looks at understanding how your child learns in class, and focuses on learning materials. An assessment will help the Occupational Therapist make recommendations for school personnel to work on meeting participation or learning goals with your child.

Assessment Process

An assessment may include:

- Review of your child's school file
- Collection of information from parent(s)/guardian(s) and school staff
- Observations of your child in their classroom
- Assessment activities
- Photographs, recorded audio, and/or video
- The use of video to conduct an assessment of your child from a remote location

What Happens after the Assessment?

After an assessment, the FNESC/FNSA OT will discuss the findings and next steps with you (if you are available) and your child's teachers. The FNESC/FNSA OT will write a report and copies will be sent to the school for yourself and the student file. Please ask the school if you do not receive a copy. If recommendations are made to support your child's needs, the OT will follow-up with available school staff so they can provide appropriate support and occupational therapy learning opportunities for your child. On-site training may be provided to school staff working with your child. Additional support may be provided remotely via video coaching (live or recorded).

If your child is **not** selected for assessment during this upcoming school year, your consent will be requested for any new or future referral. Authorization and participation in the FNESC Occupational Therapy Assessment is voluntary.

Right to Withdraw Consent

The parent/guardian/independent student will be notified in advance regarding 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.



Special Education Services: Occupational Therapy Consent

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): _____

*Please **initial** all purposes to which you give consent.*

Referral, Assessment, and Therapy

(please initial)

- _____ Be referred to and participate in an Occupational Therapy assessment and/or therapy conducted by a qualified Occupational Therapist either in-person or via video.
- _____ Be photographed or video recorded for the purpose of Occupational Therapy assessment only.
- _____ Be photographed or video-recorded during therapy activities to provide teaching/training to school staff and to generate feedback on the child's progress.

Obtain and Release Information

I also grant consent for the Occupational Therapist to:

(please initial)

- _____ 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/ Speech Language Pathologist) 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.

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: _____

Administrative Purposes:

School Name: _____