

## Parental Consent Form

### Special Education Services: Speech and Language Pathology

FNEsc/FNSA Speech Language Pathology 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 Participation in this program is strictly voluntary and consent can be withdrawn at any time.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 Speech Language Pathologists?

Speech-language pathologists (SLPs) are professionals trained to screen, assess, identify and treat a wide range of delays and disorders related to speech and language.

#### Why a Speech Language Assessment?

Language is important for academic and social well-being. An assessment can help us understand your child's speech and language strengths and needs. It also allows the Speech Language Pathologist to make recommendations and suggestions for school personnel to work on meeting speech goals with your child.

#### Assessment Process

An assessment may include:

- Observations of your child in their classroom
- Assessment activities (such as looking at and talking about pictures)
- Photographs, recorded audio and/or video (for a sample of your child's 'everyday' speaking)
- 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 SLP will discuss the findings and next steps with you (if you are available) and your child's teachers. The FNEsc/FNSA SLP 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 speech and language, the SLP will follow-up with available school staff so they can provide appropriate support and speech/language 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 Speech Language 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.

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 to and participate in a Speech/Language assessment and/or therapy conducted by a qualified Speech and Language Pathologist either in-person or via video.
- \_\_\_\_\_ Be 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 Speech Language Pathologist 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.

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: \_\_\_\_\_