

Lethbridge School Division

605.1 Informed Consent - Psychological Services

Submission Date:	
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Student Information:

Name:					
School:		DOB:		Grade:	
Referring Person:		ASN:		Class:	
Parent/Guardian:		Phone:			
Parent/Guardian:		Phone:			
Mailing Address:					
Email Address:					

Provide a specific and observable description of the need in the learning environment:
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Administrator Signature:		Psychologist Signature:	
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Parent Consent for Psychological Services:

To assist us in planning an adequate educational program for your child, we would like your permission to administer an individual assessment and/or observation. The purpose of this assessment/observation is to determine educational strengths and weaknesses and to develop appropriate programming. The results of this assessment/observation will be discussed at a meeting with your child's teacher, principal or designate, and the psychologist/provisional psychologist who completes the assessment. No significant change in your child's educational program will take place without this consultation process. Please note that assessment/observation results are confidential and accessible only to those persons directly involved in programming decision. *If you have any questions, please contact the school or the District Administrative Assistant at Lethbridge School Division, 403-380-5385.

- ***The granting of this consent is voluntary and may be withdrawn at any time.**
 - ***When a court order or a custody agreement stipulates that both parents must be involved in the decision making for a child, both parents must provide consent for services to the child.**
1. As the parent (or legal guardian) of _____ I hereby authorize an assessment/observation of my child to be completed by the Division of Instructional Services of Lethbridge School Division.
 2. I further authorize that these results can be discussed in consultation with pertinent Lethbridge School Division staff for the duration of my child's involvement in the school system.

Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	

This statement of consent for assessment/observation is valid for 120 school days following the date of this document.

Student Name:		DOB:	
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This **informed consent** checklist for a psychoeducational assessment/observation is intended to help ensure that you have been adequately informed about the assessment/observation before consenting to it.

YES NO

1.	I am the parent or guardian of this student, and I am legally able to give consent on behalf of this student.		
2.	I have discussed with school personnel the purpose and nature of a psychoeducational assessment/observation.		
3.	I have been informed of the benefits and risks of a psychoeducational assessment/observation.		
4.	I have been informed of the mutual responsibilities I have with the school in relation to this assessment/observation.		
5.	I have been informed of the alternatives to assessment/observation and the consequences of non-action.		
6.	I have been informed of my right to be told about any changes to the assessment/observation and my ongoing right to refuse or rescind consent in the future.		
7.	I have been informed of the limits to confidentiality to protect my child's privacy in connection with this assessment/observation and its report.		
8.	I have had the opportunity to ask and have answered my questions or concerns I have about this assessment and about my informed consent.		
9.	I understand that some of my child's assessment/observation data may be stored using web-based software on servers in both Canada and the United States.		

I have voluntarily checked all the boxes above as "Yes" and I feel comfortable giving my consent for the school psychologist to conduct a psychoeducational assessment/observation of my child.

Parent/Guardian Signature	Date: