



Lethbridge School Division

605.1.3 Informed Consent - Psychological Services

November 22, 2019

Submission Date: _____

Student Information:

Student Name: _____

Date of Birth: _____

School: _____

Grade/Class: _____

Referring Person: _____

ASN: _____

Parent/Guardian: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Mailing Address: _____

E-mail Address: _____

Provide a specific and observable description of the need in the learning environment:

Administrator Signature: _____

Psychologist Signature: _____

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 is to determine educational strengths and weaknesses and to develop appropriate programming. The results of this assessment 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 results are confidential and accessible only to those persons directly involved in programming decision. *If you have any questions, please contact the school or _____ 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*** The granting of this consent is voluntary and may be withdrawn at any time.**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 our school system.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

The above statement of consent for assessment will be valid for a period of 120 school days following the date of this document.

Consent for Psychological Services

Student Name: _____

This informed consent checklist for a psycho-educational assessment/observation is intended to ensure that you have been adequately informed about the assessment/observation before consenting to it.

- | | | |
|--|------------------------------|-----------------------------|
| 1. I am the parent or guardian of this student, and I am legally able to give consent on behalf of this student. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have discussed with school personnel the purpose and nature of the psychologist's involvement with my child. (assessment and/or observation) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I have been informed of my right to be told about any changes to the assessment and my ongoing right to refuse or rescind consent in the future. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I have been informed of the time limits for this assessment. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. I have been informed of the limits to confidentiality to protect my child's privacy in connection with this assessment/observation and its report. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. I have had an opportunity to ask and have answered any questions or concerns I have about this assessment/observation and about my informed consent. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

Parent Signature: _____ Date: _____