

Consent for Assessment

The student support services team has requested that _____ be referred for an assessment which will assist in the development of his/her educational program.

I, _____ declare that I am (please check the appropriate box):

- ☐ the parent/legal guardian of _____, who was born on _____;
- ☐ a minor child, born on _____, who is 16 years of age or older and who has withdrawn from parental control;
- ☐ 19 years of age or older.

I hereby give consent for referral for an assessment to the school/district team. Members of this team may include one or all of the following professionals:

- Special education teacher
- Guidance counselor
- Educational psychologist / Itinerant assessor
- Speech language pathologist
- Itinerant teacher for students who are blind or visually impaired
- Itinerant teacher for students who are deaf or hard of hearing
- Auditory verbal therapist

I hereby acknowledge that I have been informed of the nature of this (these) assessment(s). I understand that the results of the assessment(s) will be discussed with me and any recommendations explained. This consent will be in effect for one year, or until revoked in writing by me.

Signature of consenting party

Date

I have reviewed this consent to refer for assessment and will ensure that the appropriate forms with attachments will be forwarded to the designated school/district personnel.

Signature of principal

Date

PRIVACY NOTICE

Under the authority of *The Schools Act (1997)* and the *Access to Information and Protection of Privacy Act (2004)*, **non-identifiable** personal information may be collected for statistical purposes. School districts and The Department of Education will use this data to assist with allocating resources to provide for your child's educational needs. This information is kept confidential and is not disclosed to third parties without your consent or unless required or authorized by law.

