

# Wellbeing Parent Consent Form



Dear \_\_\_\_\_,

As part of St Peter Apostle Primary School's commitment to provide maximum assistance to all students, we would like to refer your child to the Wellbeing Team for assessment / support.

The Wellbeing Team can provide educational, academic, speech, oral language, behavioural, social and counselling assessments and support. If you would like us to proceed with this referral, please sign the form below. You are welcome to contact members of the Wellbeing Team, comprising Tara Allison (Deputy Principal-Wellbeing), Emili Coppe (Wellbeing Leader), Pattie McCusker (Learning Diversity Leader), and Sarah Allen (School Psychologist) if you have any questions.

Student name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

## Services requested:

- Oral Language/ Speech Assessment and Support
- Educational/ Academic Assessment and Support
- Behavioural/ Social Assessment and Support
- Counselling Assessment and Support

## Psychological Services (Educational/ Behavioural/ Counselling)

Information storage: The information gathered as part of the assessment and therapy, is seen only by the school psychologist. The information is retained on school premises in a locked filing cabinet and securely on the school server.

Confidentiality: All personal information gathered by the psychologist during sessions with your child or yourself will remain confidential unless:

1. The information is subpoenaed by a court or is required to be disclosed to appropriate authorities (such as The Department of Health and Human Services) as required by law and child safety guidelines.
2. Failure to do so would place your child or another person at serious risk,
3. Information is required during the provision of data for the Nationally Consistent Collection of Data (NCCD) which the school is required to provide. Information on the NCCD can be found via: <https://www.nccd.edu.au>; or
4. The child and parents'/ guardians' consent has been obtained.

I, \_\_\_\_\_, have read and understood the above consent form.

I agree to these conditions for the services provided by the Wellbeing Team at St Peter Apostle Primary School.

Please also tick the below statements you further agree to:

- I consent to Wellbeing Team members (stated above) discussing with school personnel my child's wellbeing concerns and their progress in school psychological services (including sharing assessment results and reports obtained as part of this school service). I understand discussions will be conducted in a discrete manner and when necessary to support my child's needs and learning.
- I consent to assessment and counselling progress reports being shared with external service providers if necessary, for example, GPs, psychologists, paediatricians or secondary schools.
- I agree that my consent is active for the duration of my child's attendance at St Peter Apostle Primary. I understand I can withdraw my consent at any time by writing to the Wellbeing Team.

Signature \_\_\_\_\_ Date \_\_\_\_\_