



CONSENT FOR  
PSYCHOLOGICAL  
SERVICES

Student: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
School: \_\_\_\_\_

Dear Parent/Guardian,

It is the goal of the Lambton Kent District School Board (LKDSB) to provide the best possible supports for every student. The Psychoeducational Clinician assigned to your child's school, in consultation with your child's Teacher and school Principal, believes that your child would benefit from the services provided through the Psychology Department. Your permission is needed before Psychology Services can become involved.

My child is being referred for:

**Psychological Assessment** \_\_\_\_\_ (Initials of Parent/Guardian/Capable Student)

The goal of psychological assessment is to ensure that your child is provided with the best possible academic programming; as well as to understand your child's strengths and needs in the school setting. Standardized tests are used to measure academic, intellectual, behavioural, and/or social-emotional functioning. The assessment process may also involve: a review of your child's history as contained in the Ontario Student Record (OSR); classroom observations; and interviews and consultation with parent/guardian and LKDSB staff.

Assessments are completed at your child's school in a one-to-one setting with the Clinician. Once the assessment is complete and a report is written, a face-to-face meeting will be offered to you and the appropriate school personnel to discuss the results and recommendations.

Information regarding your child may be shared with other LKDSB staff at a collaborative planning meeting attended by school staff and other special education personnel from multiple departments. A copy of the assessment report will be given to you, another will be placed in your child's OSR (with your consent), and a third will be stored at the Board Office in the psychology file. This information is kept confidential and cannot be released to other agencies/individuals without parent/guardian consent. A non-custodial parent may make inquiries and be given information about their child's assessment. Students 18 years of age and older may consent to their own psychological assessment, without the involvement of their parent(s)/guardian(s).

**Counselling** \_\_\_\_\_ (Initials of Parent/Guardian/Capable Student)

The purpose of counselling support is to help your child with social-emotional difficulties, mental health issues, or behavioural concerns that may be affecting their overall performance at school. It is also to promote resiliency and develop coping skills. The Psychology Department provides support in areas such as: emotion-regulation, social skills, anger management, conflict resolution, problem solving, academic motivation, bullying, grief/loss, and self-esteem.

Counselling sessions are held at your child's school, in a one-to-one or group setting with the Clinician. Students aged 12 years and older can consent to their own counselling services, without the involvement of their parent(s)/guardian(s). Although in most cases, the Clinician would encourage the student to agree to parent/guardian involvement.

Information regarding your child's counselling is kept confidential and cannot be released to other agencies/individuals without parent/guardian/capable student consent. With consent from the student, information from a counselling session may be shared with a parent, or noncustodial parent. Information regarding your child may also be shared with other LKDSB staff at a collaborative planning meeting attended by school staff and other special education personnel from multiple departments if consent has been granted.

Principal: \_\_\_\_\_ Psychoeducational Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am consenting to the delivery of the service(s) listed above. I understand that this service will be completed by a member of the Psychology Department of the LKDSB, under the supervision of a registered member of the College of Psychologists of Ontario. Personal information will be collected about my child and used only for the purpose of the intervention discussed with me. I am aware that all information gathered about my child is confidential and steps will be taken to protect personal information but, under certain circumstances, there are limits to confidentiality in which complete confidentiality cannot be guaranteed. I confirm that I have reviewed the "Parent's Guide to Psychological Services" brochure and understand the circumstances when confidentiality must be overridden. Signed consent for psychological services remains valid for two years from the date of authorization and may be revoked in writing by the parent/guardian at any time. Please contact your child's Principal or a member of the Psychology Department with questions or concerns.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or Capable Student

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name of Parent/Guardian or Capable Student (Please Print)