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| Student Name: |  | Date of Birth: |

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

***Please check the appropriate boxes:***

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| 1. I am the parent or guardian of this student, and I am legally able to give consent on behalf of this student. | Yes: □ | No: □ |
| 1. I have discussed with school personnel **the purpose and nature of a psychoeducational assessment.** | Yes: □ | No: □ |
| 1. I have been informed of **the** **benefits and risks** of a psychoeducational assessment. | Yes: □ | No: □ |
| 1. I have been informed of the **mutual responsibilities** I have with the school in relation to this assessment. | Yes: □ | No: □ |
| 1. I have been informed of **the alternatives to assessment** and **the consequences of non-action.** | Yes: □ | No: □ |
| 1. 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. | Yes: □ | No: □ |
| 1. I have been informed of **the limits to confidentiality** to protect my child’s privacy in connection with this assessment and its report. | Yes: □ | No: □ |
| 1. I have had the opportunity to ask and have answered my questions or concerns I have about this assessment and about my **informed consent.** | Yes: □ | No: □ |
| 1. I understand that some of my child’s assessment data may be **stored using web-based software** on servers in both Canada and the United States. | Yes: □ | No: □ |

I have voluntarily checked all the boxes as “Yes”, and feel comfortable giving my consent for the school psychologist to conduct a psychoeducational assessment of my child.

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| Signed: (Parent or Guardian) |  | Date: |

***This consent is valid for one year from the date it is signed.***

***Revised September 2016***