

[Insert Letterhead here]

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:

1. I am the parent or guardian of this student, and I am legally able to give consent on behalf of this student.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. I have discussed with school personnel the purpose and nature of a psychoeducational assessment.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. I have been informed of the benefits and risks of a psychoeducational assessment.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. I have been informed of the mutual responsibilities I have with the school in relation to this assessment.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. I have been informed of the alternatives to assessment and the consequences of non-action.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
6. 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: <input type="checkbox"/>	No: <input type="checkbox"/>
7. I have been informed of the limits to confidentiality to protect my child's privacy in connection with this assessment and its report.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
8. 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: <input type="checkbox"/>	No: <input type="checkbox"/>
9. 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: <input type="checkbox"/>	No: <input type="checkbox"/>

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.

Signed: (Parent or Guardian) _____

Date: _____

*This consent is valid for one year from the date it is signed.
Revised September 2016*