

REACH
Regional Educational Assessment & Consultation Services



Calgary Board of Education

**Parental Authorization for Psychological Assessment
& Disclosure of Information**

Direction: Authorization is given as a signed statement of informed consent to provide special assistance for the educational benefit of the student. Signature must be provided by the parent/legal guardian unless the student is an independent student as defined under the School Act.

Student Identification Information

Student's Name <i>(Last)</i>	<i>(First)</i>	<i>(Initial)</i>	Date of Birth		
			Yr Mo Day		
School	Teacher	Grade/Class			

Consent (Indicate type of authorization)

- I hereby consent to the provision of psychological assessment(s) which may include intellectual, behavioural and/or social-emotional testing for the forenamed student. I understand a psychologist will review and explain the results of the assessment with me, the consenting person (the parent/legal guardian or independent student) and with appropriate school staff.
- I hereby consent to the release to REACH , all the records, reports of examinations, and information of medical, psychiatric/psychological, and/or educational assessments or programs rendered to the forenamed student for the purpose of providing special assistance for the educational benefit of the student.

Authorization Signatures

I have had the above consent information explained to me and all my questions have been answered to my satisfaction. I understand the reasons why the assessment and the information for the forenamed student is needed and am therefore aware of the risks and benefits of consenting or refusing to consent. I also understand that I will be notified in advance when the assessment is to take place and that I may revoke this consent at any time, prior to the assessment taking place, by writing to the Principal of my child's school.

Name of Consenting Person	Name and Role of School Official
Signature of Consenting Person	Signature of School Official
Date	Date