



Place Sticky Label Here

Dear Parents/Guardians,

The Child Guidance Clinic may need to liaise with the doctors, agencies, principals and teachers where it is necessary to understand, assess and help your child. We therefore seek your consent for our professional staff to work with your child. They may be involved with your child in one or more of the following ways:

- Interviewing;
- Observing;
- Administering reading, spelling, writing and/or learning and study strategy assessments to find out how well your child is coping with the school curriculum;
- Administering tests to estimate your child’s cognitive ability; academic functioning; language competence; social competency and behaviour; learning and strategy use; and/or motor functioning.

In addition, we will gather information from you and/or your child’s teachers to gain a better understanding of your child’s academic performance, social competency and/or social/emotional functioning.

For some children, the assessment results could be used for research purposes (e.g., to evaluate the effectiveness of interventions). If this were the case, there would be no personal identifying information neither used in the analysis nor reported in the findings.

Please sign in the space provided below to indicate your consent for CGC personnel to work with your child and to use the information collected, and in the manner listed. Thank you.

Parental Consent

I, _____, parent / guardian of _____
(Name of parent / guardian) (Name of child)

agree to the following (please tick as appropriate):

- The professional staff of the Child Guidance Clinic to work with my child
- The Child Guidance Clinic requesting for information from my child’s doctor, school or agencies who work with my child.
- Psychological and academic assessments of my child.
- Sharing of medical reports to doctors, agencies or schools who have a continuing role in the management of my child

(Signature of parent / guardian)

(Witness/ designation)

(Date)