



Parent Consent Form

Psychological Service

As part of St Peter Apostle Primary School's commitment to provide maximum assistance to all students, we would like to refer your child to the psychological service for assessment and/or support.

Student name: _____

DOB: _____

Grade: _____

Service requested:

- Educational/ Academic Assessment and Support
- Behavioural/ Social Assessment and Support
- Counselling

If you would like us to proceed with this referral, please sign the form below.

You are welcome to contact members of the Wellbeing Team: Pattie McCusker (Senior Learning Diversity), Teah Sullivan (Junior Learning Diversity), Emili Coppe (Wellbeing Leader), Kirsten Zivkovic (Mental Health Wellbeing Leader) and Rosa Barron (School Psychologist) if you have any queries.

Privacy and Confidentiality

Privacy: The information gathered as part of the assessment and therapy, is seen only by the school psychologist. The information is retained on school premises in a locked filing cabinet and securely on the school server.

Confidentiality: All personal information gathered by the psychologist during sessions with your child or yourself will remain confidential unless:

1. Failure to do so would place your child or another person at imminent risk of harm
2. The information is subpoenaed by a court or is required to be disclosed to appropriate authorities (such as The Department of Health and Human Services) as required by law and child safety guidelines.
3. The Information is required for the Nationally Consistent Collection of Data (NCCD) which all schools are required to participate in. Information on the NCCD can be found via: <https://www.nccd.edu.au>; or
4. You give consent to disclose the information to relevant third parties.

I, _____, have read, understand, and agree to the above mentioned conditions and I give consent for my child to engage with the psychological services provided at St Peter Apostle Primary School.

Additionally,

- I understand that my consent remains active for the *duration of the assessment process and/or the satisfactory conclusion of the counselling intervention*. However, I can withdraw my consent at any time by *writing* to the Wellbeing Team.
- I consent to the Psychologist discussing with the Wellbeing Team and competent school personnel my child's presentation and progress in psychological services (including assessment results). Discussions will be conducted observing the school privacy policy and in the best interest of my child.

Name: _____ Signature _____ Date _____