

Parental Consent for Educational Psychologist Involvement

Parental consent is needed for myself, Dr Bernadette Carelse, Educational Psychologist (EP), to gather, share and store information about your child/teenager and speak to school staff. At least one parent or carer is required to sign and if both prefer to sign that is also welcome, though optional.

Please be aware that I will at all times work within safeguarding guidelines. This may include consultation with statutory agencies where there is a concern about the child or young person's welfare.

Once I have a signed, dated copy of this form, we can have an initial consultation (online) to discuss:

- The main reasons why educational psychology (EP) input is being sought at this time
- Any hopes and aspirations for your child (or teenager)
- Background information about the home situation, past and present.
- Information about any interventions or support in school that your child is accessing.
- Any other professional involvement (and permission to read their reports). This may include information from social care, medical professionals, school staff (individual education plans, school reports). If this information exists, it will contribute to the EP assessment process.

Following this, you will receive a copy of any notes made. If, during the initial consultation, further assessment is recommended you have up to a week to decide whether or not to go ahead with this. If you do, some of these notes will be included in the final report.

Information about the child or young person and consent for EP involvement

I/we give consent for Dr Bernadette Carelse, Educational Psychologist (EP), registered with the Health Care Professions Council (PYL00268), to gather, share and store information about my/our child/teenager (named below). We understand that this information will also be shared with school staff (named below) and other professionals (with your consent). All information gathered will be used only for the EP assessment purposes.

Child's Name		Child's Surname	
Date of Birth		Year Group	
Parent/Carer(s)		School Contact	
Home Address		School Address	
Phone number		Phone number	
Email(s)		Email(s)	

Parent/carer's name		Parent/carer's name	
Relationship to child		Relationship to child	
Signature		Signature	
Date		Date	

Please return this form to Dr Bernadette (Guhyasakhi) Carelse: bernadettecarelse@gmail.com