

PARENTAL CONSENT FORM

Child's Name :..... Date of Birth :.....
Address :..... Parent's E-mail :.....
Telephone Number :.....

Reason for Referral

(To be filled by parent(s))

Type of Assessment / Training

(To be filled by psychologist)

Behavior	Yes / No	Cognitive assessment
Attention/Concentration	Yes / No	Academic assessment
Social/Emotional	Yes / No	Social-Emotional assessment
Academic	Yes / No	Behavioral assessment
Memory / Processing	Yes / No	Cognitive / Academic training
Speech and Language	Yes / No	Social-Emotional training
Math	Yes / No	Behavior training
Fine Motor Skills	Yes / No	
Other concerns	Yes / No	

Signature :.....

Mariefloor Fiksinski-Plekkenpol
(MSc. in Clinical/Developmental Psychology)

Parental permission: I confirm that I give consent for my child to be seen by the Clinical/Developmental Psychologist.

Name of Parent/Guardian :.....

Signature :.....

Date :.....

You may be assured that your child will be tested in complete confidentiality and the results of the assessment will be communicated to you within a month. You will receive a written report.