



CHINOOK'S EDGE SCHOOL DIVISION

Where Students Come First!

2021/2022 Parental/Guardian Consent for Division Based Specialized Supports & Services

Student's Name:

School:

Grade:

DOB:

ASN:

Parent/Guardian Name:

Phone Number:

Email:

I consent to _____ receiving services from the Chinook's Edge School Division Rehabilitation Support Team.

Services may include:

- Psychology
- Speech-Language Pathology
- Occupational Therapy

I understand that the above services provided by one or more Chinook's Edge School Division specialized team members may include:

- Consultation between the above team members and Chinook's Edge School Division Staff involved in the educational programming and support for my child. I understand that I may withdraw my child from services and supports at any time.
- Consultation between the above team members and Chinook's Edge School Division Staff involved in the screening/assessment, program planning and implementation and educational/therapeutic consultation and support for my child.
- Inservice provided by the above team members to staff, students and/or parents.

I consent to _____ receiving services from the Chinook's Edge School Division Specialized Support Team, should these services be requested.

I **do not** consent to _____ receiving services from the Chinook's Edge School Division Specialized Support Team. (If there are specific services or supports you **would not** like your child to receive please cross them from the above list).

Signature of parent/ guardian: _____ Date: _____

Signature of witness: _____ Date: _____

OR

No Intervention Requested: _____ Date: _____

(please specify if there is a particular service or support you would not like for your child)

Photo, Video and Audio Consent:

I give permission for _____ to be photographed, videotaped or audiotaped during classroom instruction, intervention and assessment and for that material to be used for the purpose of intervention and support with my child.

Pursuant to the School Act, the Student Record Regulation and the Freedom of Information and Protection of Privacy Act, relevant information in your child's Cumulative Record may be shared with Chinook's Edge School Division's Rehabilitation Support Team and members of the Rehabilitation Support Team may speak to your child's teachers, principal, education assistants and other personnel regarding your child's rehabilitation and educational needs. The Provincial Freedom of Information and Privacy Act protects how our personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Copies of reports about my child may be shared with our Chinook's Edge School Division Rehabilitation Support Team, which may include Speech Language Pathologists, Occupational Therapists, Division Psychologists, Student Services Coordinators, medical specialists, and if necessary, the Associate Superintendent of Student Services. I declare that the information supplied on this form is, to the best of my knowledge, accurate.