Huron-Perth Catholic District School Board

Consent for Assessments and Access to the Ontario School Record (OSR)

Student		OEN
Date of Birth	Parent / Guardian Name	
Address		
Telephone Number	School	
Grade	Date	

Our School System tries to meet the education and social needs of all students. To help reach her goal, every school has a team to provide advice, support and resources for teachers, parents and students. This school team meets on a regular basis to review the progress of students and to discuss concerns that may arise about particular students. On occasion, it is advisable to involve other personnel in these discussions.

Our careful observation of your child leads us to conclude that the following action(s) would be beneficial:

- ☐ **Consultation** with professional support staff about effective strategies for meeting the student's educational, social or emotional needs.
- ☐ **Psycho-educational Assessment** to obtain further information about the student's abilities, achievement, learning style and/or psycho-emotional strengths and weaknesses.

Principal's Signature: _____

I hereby consent to the provision of the above service(s), including access to the OSR by:

- ☐ **Psychometrist / Psychologist**
- ☐ **Resource Teacher**
- ☐ **Speech Pathologist**
- ☐ **Physiotherapist**
- ☐ **Occupational Therapist**
- ☐ **Other:**

Signatures: _____ _____

Parent / Guardian Parent / Guardian

Date: _____

FREEDOM OF INFORMATION ACT

Personal information on this form is collected under the Education Act and will be transferred to thestudent record folder (OSR).

Questions about this collection should be directed to the school principal or Superintendent of Education