

REGULATED HEALTH SERVICE PROVIDER'S USE ONLY

Informed Parental Consent Phone Contact Information Sheet

Student Name: _____

Date of phone call: _____

Information discussed:

_____ Reason for referral

_____ Date of anticipated assessment

_____ Assessment procedure

_____ Possible outcome from assessment

_____ Anticipated duration of assessment

_____ Confidentiality

_____ Opportunities to ask questions

_____ Parents asked if they understood information provided

_____ Parents asked if they agree

Additional notes:

Discussed with: _____ Relationship: _____

Signature of Student Services Psychology Staff Member: _____

Completed form to be placed in Psychological Services File