

APPENDIX 3

Ministry of Education, Special Education (GSE)

Ministry of Education, Special Education (GSE) Initial Informed Consent Form

As a parent/guardian/child/young person I have had explained to me:

| | Parent/Legal Guardian and Child/ Young Person (as appropriate) | Special Education Practitioner checklist |
|--|--|--|
| 1 What GSE provides, and the names and roles of those who will be working with my child | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Information about the issue that my child was referred for, the assessment processes, and service options available to me | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 My rights with regard to confidentiality including: <ul style="list-style-type: none">• What will happen to any records held by GSE• The process for sharing information with others e.g. teachers and health professionals | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 The process for accessing information held by GSE | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 GSE's complaint's procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 How information about service provision or any changes will be communicated, including: <ul style="list-style-type: none">• Assessment processes• Services available• People who will be working with my child | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 The right to decline services offered by GSE, and the right to withdraw consent at any time | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Guardian/Child (please print and sign)

GSE Practitioner (please print and sign)

Name:

Name:

Signed:

Signed:

Dated:

Dated:

Note:

It is preferable that initial consent is obtained in person. If this is not possible, initial consent may be obtained through telephone discussion, noted and signed on file by a staff member.

