

Consent for Speech language pathology services

Privacy Notice

The Department of Education is collecting personal information regarding your child and yourself in order to obtain consent to provide speech language pathology services at school. This information will not be used for any other purpose or given to any other person or agency unless you have given us permission or we are authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the information on this form or discuss how it has been used or stored, please contact your child's school. If you have feedback or a complaint about the way your personal information has been managed, please contact your child's school.

Your child's school has identified that your child may benefit from speech language pathology services. The service supports students to access, participate and achieve at school and may include an assessment of your child, recommendations to teachers regarding adjustments to support your child at school as well as other services. These could be provided directly to your child by the speech language pathologist (SLP), or to your child's teachers or specialist support staff. The SLP will provide you with information about the identified needs and relevant services planned for your child.

If you need to discuss the contents of this form before you complete it, please contact the school to make a time to meet with the SLP. If you do not want your child to access the service, do not complete this form. You can withdraw consent at any time by writing to, or speaking with your school SLP.

SCHOOL TO COMPLETE

Student's name _____ School _____

Date of birth _____ Year level _____ EQ ID _____

The principal or principal's delegate must endorse the consent form before it is provided to the parent.

Signature _____ Name _____ Date _____

PARENT TO COMPLETE

☐ I consent for my child to receive speech language pathology services at school.

Consent for the use of photographic and video material

Photos, videos and audio recordings of your child can help the SLP assess, support, and monitor your child. Your consent is required to take recordings of your child. Recordings will be taken of your child participating in their school program using the department's equipment. Some recordings may be used later by the SLP to determine changes in your child's needs within the school setting. The materials produced will be stored in your child's SLP file. Any materials not used by the SLP will be destroyed. Photos, audio and video material will not be used for any other purpose without your permission except as authorised or required by law. If you have any questions, please ask the SLP working with your child.

Please tick

☐ I consent for photos, audio or video records to be taken of my child as part of their assessment, support and monitoring. **OR**

☐ I do not consent for photos, audio or video records to be taken of my child as part of their assessment, support and monitoring.

Parent's name _____ Signature _____

Email _____ Phone _____ Date _____

A student with appropriate maturity and understanding of the service can provide consent for the services by signing this form. Students developing skills in providing consent can co-sign the form with their parent.

Student's signature _____ Date _____

