

## Parent/Guardian Consent - Educational Partner Consultation

Date:

Student:

DOB:

School:

Grade:

### Contact Information

Parent(s)/Guardian(s):

Phone Number(s):

Email(s):

School Contact/Classroom Teacher:

School Administrator:

Parent(s)/Guardian(s),

We are seeking your consent to invite one or more of the following GVSD educational partners to consult on educational planning and programming for your child:

- [District School Psychologist](#)
- [Speech-Language Pathologist](#)
- [Occupational Therapist](#) (Island Health VIHA)
- [Physical Therapist](#) (Island Health VIHA)



Educational Partner Information

Consultation is needs-based and may include attendance at team meetings, direct consultation with school staff, student observations, and review of educational records. It may result in general suggestions for school personnel regarding further data collection, school-based interventions or accommodations, and/or additional involvement of the relevant professional in a consultative role.

Your signature below indicates that you understand and consent to this consultation. Consent for consultation will be valid for one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent/Legal Guardian Month Day Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent/Legal Guardian Month Day Year

*All School Psychologists and Speech-Language pathologists employed by the Greater Victoria School District (SD #61) are registrants of the College of Health and Care Professionals of British Columbia (CHCPBC; <https://chcpbc.org/>). CHCPBC also serves as the regulatory college for Occupational Therapists and Physical Therapists.*

*Any notes or documentation created through this process will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act and CHCPBC codes.*

September 2024