# Application form individual assessment

## School data

|  |  |
| --- | --- |
| Name of the school  |  |
| Address |  |
| Zip code and city |  |
| Name teacher |  |
| Telephone |  |
| E-mail |  |

## Student data

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Gender | [ ]  Boy [ ]  Girl |
| Name parent / guardian 1 |  |
| Address |  |
| Zip code and city |  |
| Telephone |  |
| E-mail |  |
| Parental authority | [ ]  Yes [ ]  No |
| Name parent / guardian 2  |  |
| Address (only when it differs from parent 1) |  |
| Zip code and city  |  |
| Telephone |  |
| E-mail |  |
| Parental authority?  | [ ]  Yes [ ]  No |

## Question(s) for referral

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| --- |
|  |

## The report

[ ]  Can be discussed simultaneously with parents / guardians and school.

[ ]  Should be discussed with parents / guardians first, before the school can join the discussion with the parents/guardians consent.

[ ]  Different: (specify below)

|  |
| --- |
|  |

## Confirmation for application

### The undersigned authorizes

[ ]  the execution of an individual psychological assessment by an educational advisor of Bazalt Groep.

### The undersigned hereby declare

[ ]  to have received an information letter from Bazalt Groep regarding the procedures of the assessment and informing about the behavioural code of Bazalt Groep for psychologists and behavioural scientists (orthopedagogen).

### Signature for consent

All authoritative parent(s), caregiver(s) and/or guardian(s) must sign this application form.

|  |  |
| --- | --- |
| Parent / guardian 1 | Parent / guardian 2 |
| Date: | Date: |
| School | Signature students older than 12 years of age |
| Date: | Date: |