# 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)

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| --- |
|  |

## 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: |