# Parent/Guardian Consent Form

Nadine Hutchinson Dyslexia Assessment & Support

**Child's Details**

Child's full name:

Date of birth:

School:

**Parent/Guardian Details**

Parent/Guardian name:

Address:

Email:

Telephone:

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**Service being provided**

Please tick the service you are giving consent for:

☐ Full Diagnostic Dyslexia Assessment

☐ Dyslexia Screening Consultation

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**Consent**

Please read carefully and tick to confirm:

☐ I confirm that I have read and understood the Privacy Notice.

☐ I confirm that I have read and understood the Terms & Conditions.

☐ I give consent for Nadine Hutchinson to carry out the service selected above for my child.

☐ I understand that relevant personal, educational and assessment/screening information will be processed and stored securely in accordance with UK GDPR.

□ I give explicit consent for the processing of special category data, including relevant health, developmental or medical information that I choose to provide.

□ I understand that, if I have selected a Full Diagnostic Dyslexia Assessment, a detailed written report will be produced.

□ I understand that, if I have selected a Dyslexia Screening Consultation, a shorter summary profile will be produced and that this is not a full diagnostic assessment or formal diagnosis of dyslexia.

□ I understand that information will only be shared with school or other professionals with my explicit consent, unless there is a legal or safeguarding duty to share information.

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**Optional consent to contact school or other professionals**

Please tick if applicable:

□ I give consent for Nadine Hutchinson to contact my child's school or other relevant professionals to request or discuss information that may support the assessment or screening consultation.

Name of school/professional:

Contact details, if known:

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**Parent/Guardian agreement**

Signature:

Name:

Date: