

APPLICATION FOR PSYCHOEDUCATIONAL ASSESSMENT SERVICES

The University of Calgary (UCalgary) respects your privacy and is committed to ensuring the privacy of all students, staff, and community members. Your personal information is being collected under the authority of section 4(c) of the *Protection of Privacy Act*, SA 2024, c P-28.5 (POPA). Your personal information will be used for the registration, coordination, and administration of the UCalgary CWE Clinical Services program, including for program evaluation, quality assurance and quality improvement purposes.

We recognize the sensitive nature of your personal information and are committed to the protection of your privacy. UCalgary will treat your personal information as confidential at all times and will make reasonable security arrangements against such risks as unauthorized access to, collection, use, disclosure or destruction in accordance with POPA. Access to your personal information will be restricted to a limited number of designated individuals and your personal information will only be disclosed in de-identified form, or as otherwise permitted under POPA.

If you have any questions regarding this notice or the collection, use or disclosure of your personal information, please contact the Administrative Assistant at werklundcentre@ucalgary.ca, phone 403-220-2851, or in Clinic at EDT 408, 2500 University Drive NW, Calgary, AB, or contact the UCalgary Access and Privacy Office at accessandprivacy@ucalgary.ca

Client's Last Name: _____ **Client's First Name:** _____

Date of Birth: _____ **Age:** _____ **Current Grade:** _____
 Month Day Year

Name of Parent/Guardian of the Client:

(To be completed if the client is under eighteen years of age)

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

Please initial each item to confirm that you have read, understood, and agree to the Conditions of Service outlined on the Centre for Wellbeing in Education website, including the following statements:

_____ All assessment sessions are in-person and will be video recorded. Psychoeducational Assessments will be conducted in rooms that allow for direct supervision via one-way mirrors and audio links to ensure you receive the highest quality care and support.

_____ Parent meetings included in the assessment process may take place in person or online (depending on assessment needs) and will be video recorded.

_____ I acknowledge that the Clinic is a teaching clinic and that assessments will be completed by graduate student(s) under the supervision of qualified Faculty and staff within the School and Applied Psychology program, University of Calgary.



WERKLUND SCHOOL OF EDUCATION

Centre for Wellbeing in Education, Clinical Services

EDT 408, 2500 University Drive NW

Calgary, AB, Canada T2N 1N4

O: 403-220-2851 F: 403-210-8712

_____ I acknowledge the Clinic operates with the University of Calgary academic calendar. Due to specific semester timelines and a high demand for services in Clinic, we have limited ability to accommodate requested changes to the appointment schedule during the assessment process.

_____ Recordings of parent intake and/or feedback meetings may be retained for educational training purposes within the School and Applied Child Psychology program. The CWE will notify you and request your consent before retaining your recording. You may choose whether or not to allow your recording to be retained, and your decision will not affect the services you receive.

_____ I hereby grant permission for clinic staff to read and screen the information provided in the Family History Form as a basis for determining eligibility and assigning this case for psychoeducational assessment.

Name of Client/Parent/Guardian

Signature of Client/Parent/Guardian

Date

How did you hear about us?

Returning Client

Internet Search

Word of Mouth/Referral (doctor, teacher, etc) _____ (Please Specify)

Social Media _____ (Please Specify)

Other _____ (Please Specify)