

EDCO2016/20468

ATTACHMENT C

OBTAIN INFORMED CONSENT - FUNCTIONAL PLACEMENT

Name of Student			
Date of Birth			
Year Level			
Name of School			
Date			
Existing functional placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date	/ /
<input type="checkbox"/>	Evidence of complex needs/ reason why a functional placement is being sought		
<input type="checkbox"/>	Diagnosis and additional reports		
<input type="checkbox"/>	Assessment of adaptive behaviors with composite scores two of more below mean in two areas		
<input type="checkbox"/>	Advice and support from multidisciplinary professionals		
<input type="checkbox"/>	Current EAP (including behavior; safety & health care plans)		
<input type="checkbox"/>	Additional Information		
<input type="checkbox"/>	Parent's/Carer's Comments re Functional Placement:		
<input type="checkbox"/>	Next Review Date of Functional Placement:		

Meeting participants:

Name:	Role:	Contact Details	Signature

Parent Consent:

I _____ understand and agree to this Functional Placement for _____.

Parent's/Carer's Name: _____

Parent's/Carer's Signature: _____ Date: _____