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| Attachment B (To be completed by the school and parent/legal guardian) |
| **Child/ Student’s SURNAME:** Click here to enter name |  **Child/ Student’s FIRST NAME:** Click here to enter name | **DOB:** enter date.  |
| **Current Placement:** | [ ]  Functional (adaptive behaviour)[ ]  Functional (complex)[ ]  Full criteria[ ]  Early years | **Date of meeting:**enter date. |
| Review Meeting Participants: |
| **Name** | **Role** | **Contact details** | **Signature** |
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| **Parent / Legal Guardian Permission: (Only legal guardian can provide consent)** |
| I understand and agree to this review for continued placement in a Special School/Centre for . I understand and agree to the School Psychologist enquiring about evidence of adjustments, Personalised Plans and conducting updated assessments as part of this review. I have provided updated information and relevant reports from external clinicians (paediatricians, psychologists, etc.) to the school.[ ]  I confirm that I am the legal guardian for this child/student. |
| Parent/Legal Guardian Name (print):­­  | Date: |
| Parent/Legal Guardian Signature:  |
| Relationship to child/ student:   *E.g. Mother/ Father/ Territory Families Case Manager* |
| **Parent/ Legal Guardian contact details:** |
| Email: |
| Address: |
| Phone: |
| Please email this form to sesupport.det@education.nt.gov.au |