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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](mailto:sesupport.det@education.nt.gov.au) | | | | | | | |