

## Request for Information and Assessments for External Providers

To the Gainsborough State School Insight Committee

RE: Request for student information for \_\_\_\_\_ (student name) \_\_\_\_\_ (class)

I am writing to request information be provided for my child's upcoming specialist/external provider appointment and understand and acknowledge the following information:

<input type="checkbox"/>	Parent/caregiver <b>consent must be documented</b> prior to the school responding to the request. The Department of Education needs consent in writing before it uses, records or discloses personal information, or materials, with third party individuals and organisations. You can withdraw your consent at any time in writing by emailing the principal. Further information is included in the explanatory letter.
<input type="checkbox"/>	<b>A four-week timeframe</b> for all requests is required, out of respect for our teacher's valuable time.
<input type="checkbox"/>	Any tests or questionnaires must be provided in paper form or digitally. Online assessments cannot be completed as they breach Department of Education policy around storing information offshore.
<input type="checkbox"/>	Requested information will be returned directly to the external provider via email.
<input type="checkbox"/>	A summary of results or a copy of any ensuing reports should be provided to the school.

The date of my child's next appointment is \_\_\_\_\_

Gainsborough State School is requested to provide the following:

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Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b><u>School to complete</u></b>  <i>Date Received:</i>  <i>Consent Form completed Yes/No</i></p> <p><input type="checkbox"/> <i>Processed</i>  <input type="checkbox"/> <i>Summary of results received?</i></p>
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