Schulpsychologischer Dienst Passstraße 27

Passstraße 27 52070 Aachen Tel. 0241 432-45509 Fax. 0241 432-45529

schulpsychologie@mail.aachen.de

Die Oberbürgermeisterin



APPLICATION FOR SCHOOL PSYSCHOLOGICAL COUNSELLING

*Name of pupil:		
*Date of birth:	Age:	Gender:
Name of school:		Grade:
* In case this application is completed by a teache	r only, please leave out the marked fields.	
School psychological counseling is most effective agree that the School Psychological Service both parties from their duty of confidentiality.	vice, in its context of counseling, contacts the	ne school/ parents and you release
The above mentioned pupil is registered by:		
☐ Mother ☐ Father ☐ Other cus	stodians	🗆 Pupil
Name(s): Address: E-Mail:		
Privat/ mobil phone:	Professional phone:	
Aachen, the	Signature°:	
° In case the application is filled out by one parent and the results of the school psychological counse		the other parent about this application
☐ Teacher/ Educational specialist		
Name(s): School Address:		
E-Mail:		
	School phone:	
Aachen, the	Signature°:	
° I hereby agree that the School Psychological Se Nord Rhine-Westphalia (DSG NRW). I agree that consent can be cancelled at any time with immedia	the School Psychological Service uses my conta	- ·
To be completed by the school psycholog Reference number:	ical service:	
Responsible school psychologist:		ion sent on:

Questionnaire for the teacher / education specialist

Complete	ed by:	Date:
1.	What is the current reason for your request?	
2.	Who else should be included in this consultation, if necessary? Have there already been consultations made through school social work, guidance school management?	counselors, special educators,
3.	What school measures were/ are being implemented? (Step back, skipping, special educational measures, remedial teaching, AO-SF etc.)
4.	In your opinion, what should be achieved through this school psychological counse	ling?
	as we have received your application, you will receive a confirmation. Afterwards, we meeting. Please give your timely preferences for an appointment (weekday, hours):	

Moreover, it would be beneficial to our work if you could forward us the following documents:

- Presentation of the previous support measures and a copy of the support plan
- Copies of the last two yearly school reports
- The results of all standardized tests, if available, as well as an assessment of the current performance level of the pupil (in case the consultation regards partial performance weaknesses)

Questionnaire for the parent(s)

Complet	ed by:	Date:
1.	What is the current reason for your request?	
2.	Who else should be included in this consultation, if necessary? Have there already been consultations made through school social work, guidance school management?	e counselors, special educators,
3.	What school measures were/ are being implemented? (Step back, skipping, special educational measures, remedial teaching, AO-SF etc.)	c.)
4.	In your opinion, what should be achieved through this school psychological counse	eling?
	as we have received your application, you will receive a confirmation. Afterwards, we meeting. Please give your timely preferences for an appointment (weekday, hours)	

Moreover, it would be beneficial to our work if you could forward us the following documents:

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