

APPLICATION FOR SCHOOL PSYCHOLOGICAL COUNSELLING

*Last Name of pupil: _____ First Name: _____
*Date of birth: _____ Age: _____ Gender: _____
Name of school: _____ Grade: _____

* In case this application is completed by a teacher only, please leave out the marked fields.

School psychological counseling is most effective when parents and teachers work together. In case of a joint application, you agree that the School Psychological Service, in its context of counseling, contacts the school/ parents and you release both parties from their duty of confidentiality. If a joint application is not in your interest, you can also register independently.

The above mentioned pupil is registered by:

Mother	Father	Other custodians	Pupil
Name(s): _____			
Address: _____			
E-Mail: _____			
Private/mobile phone: _____		Professional phone: _____	
Date: Aachen, _____		Signature*: _____	

*In case the application is filled out by one parent independently: I am hereby obligated to inform the other parent about this application and the results of the school psychological counseling.

Teacher/Educational specialist

Name(s): _____
School Address _____
E-Mail: _____
Private/mobile phone _____ School phone: _____
Date: Aachen, _____ Signature*: _____

° I hereby agree that the School Psychological Service saves, evaluates and uses the data in accordance to §4 par. 1 Data Protection Act Nord Rhine-Westphalia (DSG NRW). I agree that the School Psychological Service uses my contact details to communicate with me. This consent can be cancelled at any time with immediate effect.

To be completed by the school psychological service:

Reference number:	Entry:
Responsible school psychologist:	Confirmation sent on:

Questionnaire for the teacher / education specialist

Completed 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 counselors, special educators, school management?

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 counseling?

As soon as we have received your application, you will receive a confirmation. Afterwards, we will contact you to arrange a personal 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)

Completed by: _____ Date: _____

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