**INFORMATION AND CONSENT FORM**

**Background information**

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| Child’s name: | Date of Birth: |
| Parents names:  | Home phone:Mobile:Email: |
| Address: | GP (surgery name and location)School/Nursery:  |
| Are there any other professionals working with your child? |
| How would you describe his or her personality? |
| Are there other children in the family? What are their names and ages? |
| What are his / her interests? |
| What are your views about your child’s communication difficulties? What do you think are their main difficulties? |
| Has your child seen a speech and language therapist before? (Please bring any reports with you to the session) |

**Early development**

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| Were there are problems with pregnancy and birth? |
| Were there any early illnesses, hospitalisations or allergies? |
| Did your child meet their ‘milestones’ at the right time (e.g., walking, first words at about 12 months?) |
| Did she or he enjoy social play as a young baby (such as smiling at people, playing peek-a-boo games)? Did she or he point at things? |
| Is he or she a fussy eater? Is chewing difficult? |
| Has she or he ever experienced hearing or vison problems? |
| Would you describe him / her as well coordinated? Are fiddly things like buttons and handwriting difficult? |
| Describe the toys he / she likes and whether you feel that they played appropriately with them. |
| Is there anyone in the family who had experienced speech, language or literacy difficulties? |

**Speech and Language**

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| Do you think he / she has any difficulties understanding instructions of information that is spoken? |
| Do you think that he /she is able to express themselves clearly? Do they use complete sentences, single words or just sounds and gestures? |
| Does he / she show frustration when they are not understood? |
| Does she / he have difficulty making friends or behaving as expected in social situations? |
| Do you think he / she is experiencing problems with literacy development such as reading, spelling or writing? |
| Do you think there is any other information that might be important for us to know? |

**Consent form**

Please fill in the following information so we are aware of your preferences when working with your child.

**1. Gathering and sharing information.**

In order to support you, it is helpful for us to collect information about your child, see other professionals’ reports about your child and also for us to share relevant information with other professionals. We only collect personal information for the purposes of assessment, provision of therapy, referral to other services for further assessment and/or treatment, liaison with other services/institutions for the purposes of information-gathering, or for the provision of advice to other services/institutions and/or bodies that may be involved in your child’s case.

I agree for relevant information to be shared with other professionals involved in my child’s care.

Yes [ ]  No [ ]

**2. Corresponding by email**

Email is generally the fastest and easiest way to liaise with people. Please indicate whether you are happy for us to contact you, and share information about your child, by email. Whenever possible reports and confidential information will be password protected or your child’s full name is not revealed.

I consent for you to correspond by email. Yes [ ]  No [ ]

**3.Storage of data**

Written information is stored in a locked filing cabinet at the premises of the Speech and Language Therapy Clinic, Plymouth Marjon University. Other information is securely stored on the university network. Information is kept securely until 2 years after your child stops seeing us and then it is destroyed.

**4. Photographs and video recordings**

Photographs and video recordings can be a good way of recording what has happened in an assessment and also can be a useful tool in therapy itself. No recordings will not be posted on social media. We understand that not all parents are comfortable with photos and videos being used so please can you indicate below what you are comfortable for us to do.

1. I consent for you to take a photo / video recording of my child to use for therapy purposes.

Yes [ ]  No [ ]

1. I consent for you to make a video / audio recording of my child for use in for training teachers, other speech and language therapist, psychologists about communication disorders.

Yes [ ]  No [ ]

**5. Consent**

I have read the terms and conditions and agree for a student speech and language therapist from Plymouth Marjon University to provide speech and language therapy services for my child.

I consent to the gathering, processing and retention of information/data in relation to healthcare, educational and speech and language therapy specific activities that will be required over the course of assessment and treatment. I understand that information/data will not be shared unless I have indicated so above (Section 1. Consent to gather and share information) and unless such information is required to be shared by operation of law or pursuant to statute.

I understand that the information/data provided by me will be used only for the aforementioned specific purposes. I understand that all data kept in relation to my child’s case will be retained in a safe, secure and confidential manner and will be retained by the Data Processor for no longer than is required. I understand that on completion of assessment and treatment, any data that is kept in hard and soft copy will be deleted and/or destroyed in a safe and confidential manner within two years of the completion of treatment unless I request that that identifying information/data is returned to me.

I confirm that I am aware of the Privacy Statement at <https://www.marjon.ac.uk/cookies-and-privacy/>

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