**INFORMED CONSENT with the Conclusions of Testing at the School Counselling Centre
(Report and Proposed Recommendations)**

Name and surname:

Date of birth:

Conclusions of the counselling services (describe briefly):

**I hereby declare** that I have been clearly and explicitly informed as part of the final consultations regarding testing at the School Counselling Centre about the conclusions of the testing and any recommended support measures, primarily that:

a) the proposed content of the report has been discussed with me in person

b) the proposed content of the recommendations for the education of the child, pupil
or student with special education needs has been discussed with me in person

c) I have understood the content and nature thereof

d) possible alternative proposals necessary for modification of the course of education, including all proposed measure and foreseeable consequences that may arise from the provided counselling services, have been discussed with me.

The written report from the testing and the recommendations containing proposals for modifications
in education:

a) will be collected by me in person at the Pedagogical-Psychological Counselling Centre/Special Pedagogical Centre/school on ……………… at ……… o’clock.

b) cannot be collected by me in person for serious reasons – I hereby request that the written report from the testing and the recommendations containing the proposed modifications in education be send to my (specified) home address.

After reviewing the content of the **report** and **recommendations**, I will request the Pedagogical-Psychological Counselling Centre or Special Pedagogical Centre in person, by telephone or by e-mail
for a personal consultation to discuss the report and recommendations within five business days of the date of delivery thereof.

If I do not request a personal consultation by such deadline, I confirm thereby that I accept the wording of the report and the recommendations without further comment and that I have fully understood the content thereof even without further personal consultation.

We guarantee that we will secure and protect the personal and sensitive data of our pupils and their legal guardians in compliance with Personal Data Processing Act no. 110/2019 Coll., as amended, and in compliance with Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

Guidance provided by: ……………………………………………………………………………………………………………………….

Signature: ………………………………………………………………………………………………………………………………………..…

Signature of guardian /adult pupil or student: ……………………………………………………………………………….…..

Place: …………………………………………… Date: ……………………………………………………………………………………..……