

Educational and Psychological Counselling Centre
Workplace:

Surname and name: date of birth

Place of residence, postcode: tel.

Pupil's class:, School in

Very confidential

Communication to parents

Dear parents, adult client,

Your child will be provided with professional counselling care at our facility. For this, we also need your cooperation. We ask for a careful and true completion of the following questionnaire. Fill in all the parts of the questionnaire.

For the multiple-choice answers, it is sufficient to:

- (a) underline the appropriate item;**
- (b) where appropriate, cross the box with the correct answer.**

We consider your information to be strictly confidential, intended only for our internal purposes. Its content will be protected in accordance with Regulation 2016/679 of the European Parliament and of the Council (hereafter the "Regulation").

In the case of an examination, the school counselling facility shall act in accordance with the amendment to the Education Act No 82/2015, as amended, pursuant to Articles 16, 16a(3) and (4), 17, 28, 116 and in accordance with Decree No 27/2016, as amended, Section 11, 12, 13, 14, and 15. The report and recommendation will be provided to the person to whom the counselling is provided. Once the report and a recommendation are issued, the legal representative or adult client is informed of their content.

Advice of legal representatives / adult client in accordance with Decree No 72/2005, as amended by the amendment to Decree No 197, as amended, Decree No 27/2016, as amended:

1. Based on the consent of the legal representative or adult client, the professionals of the counselling facility provide: consulting, corrective, methodical or therapeutic care and recommend collaboration with other specialist workplaces. If necessary, they also examine the child, pupil and student to set up support measures by a psychologist (evaluating e.g. intellectual competence, knowledge, skills, learning style, personality, suitability for future career choices) and a special pedagogue (evaluates primarily the level of reading and mathematical skills).
2. The time intensity corresponds to the nature of the necessary counselling care – about one to five hours (depending on the nature of the difficulties, only psychological or special pedagogical examinations can be carried out, or both psychological and special pedagogical examinations).

3. **The aim is to answer what might help to ease or overcome the difficulties that are the reason for the counselling.** Based on the results of counselling, the counsellors will recommend appropriate corrective procedures or resulting support measures.

4 . It is necessary to draw attention to **the risk** that may arise in the event of a delay of or non-compliance with the recommendations. The provided service may bring disadvantages to the client, especially if the results of the expert findings are in contradiction with the expectations of the client or his legal representative or if the experts learn in a reliable manner that a criminal offence is being planned or committed (reporting obligation).

5. We can expect **benefits from the provided consulting services** after discovering the cause and nature of the difficulties, along with the subsequent recommendation of the appropriate way of the client's further education or upbringing. Guidance of a professional employee may also help to mitigate or eliminate the client's difficulties.

6. Before providing counselling, the legal representative or adult client signs an informed consent to the provision of counselling, which is valid for the duration of the counselling service. The services provided are recorded in documentation so that the client's rights are not prejudiced and are protected from unauthorized interference with his private and personal life.

7 . The parent has the right to request another provision of the counselling service at any time, the right to be heard under Section 16 and Section 5 of the Education Act, the right to request a revision under Section 16b of the Education Act and the right to file a complaint with the CSI under Section 174(5) of the Education Act.

8. If the result of the counselling care is diagnosis, the expert shall draw up a report and a recommendation pursuant to Decree No 27/2016, as amended.

9. Information on contacts, purposes and legal bases of processing and your rights in the area of personal data protection are available on the website of the counselling facility (<http://www.pepor-plzen.cz/>).

The categories of processed personal data can be found on the PPP website

If you cannot attend, we ask for a timely announcement so that we can invite someone else.

The date of any follow-up examination will always be included in the recommendation.

Thank you for your cooperation.

In 20...

Director, Pedagogical-Psychological
Counselling Centre

Biographical information

Father: Name, surname:

Phone:..... Email:.....

Mother: Name, surname:

Phone:..... Email:.....

Are there difficulties of health, educational or upbringing nature in other family members?

.....
.....
.....

What language do you speak at home?.....

Family is complete: yes - no, child is raised by: mother - father - another person.

.....

Shared custody: yes - no

Foster care: yes - no

Step parent, foster parent:

Name, surname:

Phone:..... Email:.....

Pregnancy was: normal - at-risk Did the mother had any difficulty? no - yes

What difficulty did the mother have? (vomiting, bleeding, sickness, illness – what type, in which month):

.....
The child was carried to term - born premature - born late - birth in
..... month

Birth was normal - problems (what problems)?

.....
After the birth the child was - was not resuscitated, had - did not have newborn jaundice, had - did not have health problems

(what problems)?.....

The child was breastfed until weeks, was not breastfed.

So far the child has had the following diseases, for example:

Measles	Urticaria	Otitis media
Rubella	Tonsillitis	Head injury
Chickenpox	Bowel disease	Meningitis
Mumps	Scarlet fever	other

Was the child seriously ill? no - yes? What was the illness?

.....

Was the child hospitalized? no - yes? At what age, how long, reason

.....

Is the child in the care of an expert? (e.g. psychologist, psychiatrist, phoniatrician, neurologist, speech therapist, etc.) yes - no

What expert?

The child started to: sit at months old speak first words at
months old.
 crawl at months old speak in sentences at
 months old.
 walk at months old

The child started to keep personal hygiene at

.....

Now he wets himself at night - during the day - does not wet himself.

Gross motor skills (dexterity, control and posture, coordination of the upper and lower limbs - e.g. jumping, cycling, skating, skiing, jump rope skipping, ball games, etc.):

skilful - unskilful in what:.....

Fine motor skills (finger and articulatory motor skills - for example, building from blocks, articulating clumsiness, beading, cutting, gluing, handling small objects)

skilful - unskilful in what:.....

When working and drawing, he prefers right hand - left hand - alternating both hands.

In the family there has been a left-handed person: yes - no

Who?.....

The child has:

headache striking liveliness disorderliness nervousness
sleep disorders agitation anxiety, uncertainty disobedience
food disorders explosions of anger destroying of things deception lying
speech disorders defiance talking back aggression fighting stammering
unskillfulness slowness tiredness difficulty in pronouncing sounds timidity shyness
clumsiness lack of concentration inappropriate sentence structure truancy
avoiding children causing conflicts use of wrong forms stealing

goofing passivity in establishing contacts small vocabulary sexual disorders

Sensory organ disorders: myopia, hearing impairment,

Attends/attended nursery school: yes no From age

Postponement of school attendance yes - no

In year:

Attended the preparatory year: yes - no?

Has the child undergone psychological or special pedagogical examination? yes - no

When and where?

II. Reason for visiting the counselling facility

What is the reason for the visit:

At whose request: parents - school - others (who)

.....

Describe the problems of the child, pupil, student at home:

.....

.....

.....

.....

Describe the problems of the child, pupil, student at school, school facility:

.....

.....

.....

.....

Describe the child's strengths, what are the skills

.....

.....

* As part of school, the client attends: school club yes - no

hobby club within the school yes - no

The client attends a hobby organization outside school: Children's centre yes - no
Music school yes - no

*) Daily average learning for about:

*) The child studies: regularly - irregularly - only sometimes - never

*) Attitude to learning: learns by himself, without comments - needs occasional supervision
 needs constant supervision

*) Learns by himself yes - no While learning he is helped by

*) Note: do not fill in the case of nursery school children

III. Conclusion

Shared custody: yes - no

In the case of shared custody, the report will be received by mother - father - another legal representative

I acknowledge that if counselling care results in recommendation of support measures for children, pupils and students with special educational needs of years 1 to 5, the recommendation will always be sent to the school / school facility.

If this questionnaire is filled in incompletely, I acknowledge that no further counselling can be carried out because the applicant has not provided the necessary cooperation to fulfil the purpose of the counselling service according to Decree No 72/2005, as amended, and Decree No 27/2016, as amended.

In On
.....

Signatures

Other comments: