

## APPLICATION FOR SCHOOL PSYCHOLOGICAL COUNSELLING

**\*Name of pupil:** \_\_\_\_\_  
**\*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: \_\_\_\_\_

Privat/ mobil phone: \_\_\_\_\_ Professional phone: \_\_\_\_\_

Aachen, the \_\_\_\_\_ 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: \_\_\_\_\_

Privat/ mobil phone: \_\_\_\_\_ School phone: \_\_\_\_\_

Aachen, the \_\_\_\_\_ 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:

Responsible school psychologist:

Entry:

Confirmation sent on:



