

Client number:

Reference number:

The date of receipt of the request:

Request for the provision of an advisory service

I hereby request:

- | | | |
|---|--|--|
| <input type="checkbox"/> determination of support measures in education | <input type="checkbox"/> individual guidance | <input type="checkbox"/> processing of documents |
| <input type="checkbox"/> consultation difficulties | <input type="checkbox"/> group guidance | <input type="checkbox"/> classroom observation |

Selected psychological and special pedagogical examinations will be carried out in the Vzdělávací a diagnostické středisko STEP s. r. o. for payment according to the valid price list.

Reason:

- | | | |
|---|--|---|
| <input type="checkbox"/> learning difficulties | <input type="checkbox"/> educational difficulties | <input type="checkbox"/> school readiness |
| <input type="checkbox"/> professional orientation | <input type="checkbox"/> psycholog. development assessment | <input type="checkbox"/> other: |

The child's name: Date of birth:

Home address:

School + address:

Class: Repeating the year: 1st grade yes - no 2nd grade yes - no

Legal guardian: Contact phone:

Contact e-mail: Contact data box:

Date:

Signature of legal guardian or adult client

If you are changing schools during this or the next school year, please fill in:

Future school:

Information about consulting service and consent to the service provided

I was informed in advance about the source, scope, duration, goals and procedures of the provided consulting service, about the benefit and all foreseeable consequences that may result from the service provided.

I have been introduced with the rights and obligations associated with the provision of consulting services, including the right to submit a proposal for consideration pursuant to § 16a par. 5 of the school law, the right to request a revision pursuant to § 16b of the school law and the right to submit an initiative to the Czech School Inspectorate pursuant to § 174 odst. 5 of the school law.

I understood the information provided, additional questions were answered. **YES – NO**

The minor child was adequately instructed, he/she was given the opportunity to ask supplementary questions with regard to his/her age and intellectual maturity.

I understand that the recommendation of the school counseling facility will also be provided to the school or school facility.

Information worker:

Date:

Signature of legal guardian or adult client

Concept of examination (consultation) conclusion:

Scheme of recommendation:

The deadline for processing the documents (30 days) is extended by the time necessary for:

Informed consent to the conclusion of the examination from the counseling service provided in the school counseling facility (Report and concept of recommendation)

I declare that the proposed content of the report and the proposed content of recommendations for the education of a student with special educational needs have been discussed orally with me, and I confirm with my signature that I have understood their content and nature. The options that are necessary for the adjustment of the course of education were discussed with me, including all the proposed measures and foreseeable consequences that may result from the provision of the counseling service. I agree to the indication of any diagnosis for the purposes of developing the Licence Recommendation for the education of a pupil with special educational needs at school.

With conclusion and recommendations:

- I agree I don't agree
 I agree with reservations:
-

A written report from the examination and recommendation containing suggestions for adjustments in education:

- I don't require I will pick it up in person
 I request to send the report and recommendation by data box and I undertake to return one signed copy to PPP
 I request to send the report and recommendation to my address via the Czech Post and I undertake to return one signed copy to PPP

Information worker:

Date: _____

Signature of legal guardian or adult client