

Schulpsychologische Beratungsstelle der Stadt Münster · Tel. 0251/ 492-4081 · Fax: 0251/ 492-7950 · schulpsy@stadt-muenster.de

An die
Stadt Münster
Der Oberbürgermeister
Amt für Schule und Weiterbildung
Schulpsychologische Beratungsstelle

Fall Nr. _____

MA 40.3:

*(to be filled out by the School Psychological
Counselling Centre)*

Klosterstraße 33
48143 Münster

Application for student-related counselling

(to be completed by the school and parents / guardians jointly)

Contact information

Student

Name _____ Surname(s) _____

Gender female male divers open

First language German other: _____

Siblings number comments: _____

Date of birth _____

School _____ Grade level _____

Parent(s) / guardian(s)

The guardians live together are separated: the custody is with:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

Reachability _____ Reachability _____

Teacher or educational staff

Name _____ Position _____

Phone _____ E-Mail _____

Reachability
(e.g. weekdays/time)

Consultation concerns

What is the concern to be addressed?

Please, describe the issue for which counselling is being sought in key points.

What is the goal?

What do you want to achieve by working with the School Psychological Counselling Service?

Which steps have already been taken?

What school-based support or advisory services have been accessed previously?
(e.g. educational support plan (*Förderplanung*), including the school's counselling team, etc.)

Are you receiving support from professionals outside of school?

yes no

If yes, what kind of support?

Educational counselling	Youth Welfare Office (<i>Jugendamt</i>)	
Ergotherapy	Speech therapy	Learning therapy
Childhood/Adolescence Psychotherapy		other professionals:

Is there anything you would like to tell us about this?
(e.g. results from diagnostic services, expert opinions, recommendations by other specialist services)

What else would you like us to know?

Is there any other information that might be important for the counselling process?

Declarations and signature

- We have read and understood the information on data protection (information sheet or www.schulpsychologie.muenster.de).
- We enclose a signed copy of the declarations of consent (*Einverständniserklärung*).

We hereby jointly register for School Psychological Counselling.

Place, date

Guardians' signature(s)

Teacher / educational staff signature

Note: In case of joint custody, both parents must sign this form.

Declarations of consent

1. Consent regarding legal custody

I hereby consent to the school psychological counselling / diagnostics / classroom observation of / provision of support for my child _____, born _____.

2. Consent under data protection law

I hereby consent to the staff of the *Schulpsychologische Beratungsstelle der Stadt Münster* exchanging the personal data of my child, _____, born _____, with the following individuals and establishments:

Staff of the school

Staff of the Youth Welfare Office (*Jugendamt*)

External staff employed by the School Psychological Counselling Centre (e.g. *Lernwerkstatt*)

Therapist:

Physician:

Others:

This exchange of data involves obtaining information and collecting and using documents (e.g. educational plans, expert reports and suchlike) from whatever sources may be necessary, according to the expert assessment of the School Psychological Counselling Centre staff, for the purpose of counselling or providing diagnostic services with regard to my child. I hereby consent to the passing on of the protected personal data of my aforementioned child to the School Psychological Counselling Centre, and from there to the individuals or institutions mentioned above. I declare this voluntarily and am aware of the fact that I can revoke this consent at any time, with regard to the future, without giving any reasons for this.

3. Release from the duty to preserve secrecy in criminal matters

I hereby release the staff of the School Psychological Counselling Centre from their duty to preserve secrecy in criminal matters. They shall be permitted to get in touch with the individuals and institutions mentioned under item 2 above, and reciprocally exchange information deriving from the counselling / diagnostics / classroom observation of / provision of support for my child _____, born _____.

I have taken note of the information on data protection (on the information sheet provided or on the homepage www.schulpsychologie.muenster.de).

Münster, (date)

Signature of guardian

Signature of guardian

(In the case of separated parents with joint custody, the signature of both custodians is required.)