



## Consent for Specialist Observation

Please read each section of this form and sign the relevant sections. For further information please contact your child's SENCo with any questions.

Date:		Name of child:	
Parent/guardian:		Relationship to child:	

### Consent for observation;

I consent for \_\_\_\_\_ to be observed by a Senior Teacher from Rowan Gate Primary school. My child's details and observation notes will be held in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (2016)

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

**Consent to share and receive information with other relevant professionals;** I agree that the Senior Teacher can make contact and share and receive information (verbally and in writing) with other professionals involved with my child/young person.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_