

Student's Requisition for School Psychology Consultation

Name:

Gender:

Age:

Standard:

Consultation Requirement: Urgent / Required / During Free Class hrs /
As per the Psychologists demands

Appropriate time for consultation:

I have attended the group classes conducted by the appointed school psychologist and I understand the services provided by him / her are much required for my overall development.

To improve myself in all ways possible, I am interested to attend a one to one session with him/ her. My parents have signed the consent form provided by the school management.

I learnt that school psychologist will maintain full confidentiality about the consultation and I do understand that if needed, the information will be shared with the required authority as per the demands of the issue.

Student Signature