

Consent to registration and provision of information

Last name:
First name:
Date of birth:

I (in the case of a person who has reached majority) have / our child has been registered at the assessment centre (**Special Education Centre** [Fachstelle Sonderpädagogik]) in Zürich/Winterthur.

- The parents / guardians / adolescent who has reached majority consent(s) to registration with the Special Education Centre.
- The parents / guardians / adolescent who has reached majority authorise(s) the staff of the Special Education Centre to exchange information about the situation of the child/adolescent in question with other specialist staff (paediatrician, specialist physician: _____, early years special education teacher, audiopedagogy teacher, speech and language therapist, others: _____) both verbally and in writing, as long as this is in the best interests of the child/adolescent in question and as long as it is necessary and appropriate for the assessment of needs with regard to special education services.

Date/signature(s) of parent(s)/adolescent

Further use of patient data for research purposes

The data collected by the assessment centre (Special Education Centre) in connection with the needs assessment are used at the Kinderspital Zürich for scientific statistics and analyses as part of research projects. In the case of any publication of the scientific analyses, the anonymity of the data is guaranteed, which means that personal information can no longer be traced back to a specific person or family. The following questions will be investigated in more detail: for what reasons do children receive which interventions? Is provision within the canton meeting the needs of the canton? Is it balanced on a regional level? More information about the research project can be found here:

<https://www.kispi.uzh.ch/fzk/sonderpaedagogik>

The parents / guardians / adolescent who has reached majority authorise(s) the Special Education Centre to use the aforementioned data for the specified research project:

- Data from the needs assessment (initial assessment, evaluation of interventions)
- Data regarding completion of the special education intervention (can be seen on the completion form).

I confirm that

- I have been informed that my consent is voluntary;
- I have received sufficient information about the use of my data for research purposes;
- I am aware that I can revoke my consent at any time without giving reasons.

Date/signature(s) of parent(s)/adolescent