



Pupil information

Pupil and guardian information (Please underline the address of the pupil)	Name		Personal identity number	
	Name of guardian		Name of guardian	
	Address		Address	
	Telephone, home	Telephone, work	Telephone, home	Telephone, work
School information	Class teacher/tutor			Grade
	Contact information of the school and the teacher			

Description of a problem that is wished to be resolved with psychological testing
So far, what has been done in order to resolve the problem and support the pupil
Pupil's strengths and positive points in school work
Other information

Discussion with the guardians on ___/___/200 <input type="checkbox"/> Guardians consent to child's psychological testing

Date	Signature of notifier	Telephone
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