



SEABROOK McKENZIE CENTRE

SPECIALISTS IN SPECIFIC LEARNING DISABILITIES

68 London Street, Richmond, Christchurch 8013 Phone: (03) 381 5383 Email: info@seabrookmckenzie.net

Request for Assessment Report Form

Any report that is requested is CONFIDENTIAL and should be restricted to persons with a professional interest in helping the client. It is not to be distributed to others without the written consent of the client/parents. Please note that this assessment targets areas which are known to be weak in people with a Specific Learning Disability (SLD). It can therefore give an overly negative impression of a person's ability, as it does not comment on their strengths and abilities in other areas. It relates only to the status of a client regarding a SLD and their learning needs at the time of the assessment. Data in this report should be treated with caution following a change in circumstances or the passage of time. **If any distress is caused or you would like to discuss the contents of the report, please contact the office to arrange an appointment with an assessor.**

Client Details – Person whose assessment report is to be accessed	
Full name of the Client:	Date of Birth:
Address:	
Contact phone number:	Email address:
What year was the Client assessed?	
Requestor details (if different from above)	
Name:	
Relationship to Client?	
Contact phone number:	Email address:
I have the following authority to request this information (please tick):	
<input type="checkbox"/> I am the parent or legal guardian of the child who is under 16 years of age	
<input type="checkbox"/> I have lawful authority (such as a power of attorney) over the Client's affairs	
Report(s) to be sent to:	
Unless advised otherwise, reports will be emailed to the Client's or the Requestor's email address. If you would like a copy posted, please provide the postal address below.	
Postal address:	
Additional Information	
Date the report is required by:	
If the request is urgent, please state the reason:	
Proof of identity: is required for all requests. The following forms of identification are acceptable: Driver's Licence, photo/signature page from a valid passport, or other form of identification (e.g., Community Services Card).	
Fee: There is no fee for requesting a copy of a report. We are a charity and have limited resources. If you would like to make a donation, we would be grateful - our bank account details are below. Please include your name and use "donation" as the reference. Bank Account Number: 06-0257-0253986-00 Account Name: Seabrook McKenzie Trust	
<input type="checkbox"/> Please tick if you would like a receipt emailed to you. With a donation of \$5 or more, you may be entitled to a tax credit.	

Personal Information: Records are retained for 10 years and are then destroyed. Your request may take up to 20 working days to complete. We will contact you if an extension to this timeframe is required. Under the Health Information Privacy Code 2020, we may refuse access or disclosure of certain parts of your records. You have the right to review the decision through the Privacy Commissioner. You have the right to correct any personal information we may hold. Please contact the Centre's Privacy Officer, the Director, via info@seabrookmckenzie.net, if you have any questions.

Signature: _____ **Date:** ____/____/____

Official Use Only			
Date received: _____	I.D provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Actioned: _____	Initials: _____
Emailed: <input type="checkbox"/>	Posted: <input type="checkbox"/>	Notes: _____	

Please email this form and a copy of your identification to info@seabrookmckenzie.net