**SECTION A**

**(If this request is for more than one eligible student, only one Section A is required)**

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| ***Please Note –*** *It is a requirement of your Service Agreement to obtain a signed School Request for Support Form for each student which* ***must*** *be renewed* ***each school year****. Approved organisations may either utilise this Form in its entirety* ***or*** *incorporate all provisions contained within this Form into their own document for Schools to request services under the SDSS Program.**A renewal form for the next school year, signed by the School Principal (or approved delegate) confirming renewed Parent/Guardian consent, with the original approved School Request for Support Form attached, can be used to meet this requirement. Any other renewal arrangements must first be approved by the Department of Education to ensure these mandatory requirements are met.*  |

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| **Service Request** |
| School Name: | Click or tap here to enter text. |
| School Address: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| School Email Address: | Click or tap here to enter text. |
| School Phone Number: | Click or tap here to enter text. |
| Name of person making request: | Click or tap here to enter text. |
| Position of person making request: | Click or tap here to enter text. |
| School Contact’s Phone Number: | Click or tap here to enter text. |
| School Contact’s Email Address: | Click or tap here to enter text. |
| Convenient time to contact: | Click or tap here to enter text. |

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| Has the school contacted their Regional Office to check if there are any supports and/or school based therapies available from the education sector? Yes [ ] No [ ]  |   |
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| **School Consent** |
| **Please indicate your consent by ticking the box beside the statements below:** |
|[ ]  I give permission for Act for Kids to provide services at our school, or as negotiated and agreed to by the above organisation and school. |
|[ ]  I understand that the SDSS services are to be provided in collaboration with the education professionals in the student’s educational team. |
|[ ]  I understand that Act for Kids will provide advice and support for the development and implementation of the student’s Individualised Education Plan. |
|[ ]  Consent has been received from a parent/guardian for each student listed in Section B of this request to receive a service from Act for Kids at our school. |
| The relevant school policies and procedures, including child safety and mandatory reporting requirements (e.g. mandatory student protection training): |
|[ ]  are attached to this request; or |
|[ ]  have been completed by Act for Kids |
|  |  |
| Principal’s (or delegate’s) signature: | Click or tap here to enter text. |
| Print Name: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |



**SECTION B**

**(If this School Request for Support Form is for multiple eligible students, a Section B must be completed for each eligible student)**

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| **Student Details** |
| First Name & Last Name: | Click or tap here to enter text. |
| Preferred Name: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| School Year Level: | Click or tap here to enter text. |

 Identifies As?

|  |  |
| --- | --- |
|[ ]  Aboriginal |[ ]  Torres Strait Islander |
|[ ]  Both Aboriginal & Torres Strait Islander |[ ]  CALD |
|[ ]  Neither |  |  |

Gender:

|  |  |  |
| --- | --- | --- |
|[ ]  Female |[ ]  Male |[ ]  Intersex |

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| * Does the student access specialist education services at the school?
 |
|[ ]  * Special Education Support
 |[ ]  AVT |  |  |
|[ ]  * Therapy Services
 |[ ]  Teacher Aide Support |  |  |
|[ ]  * Other (Please provide further details):
 |
| * Please describe key concerns regarding the student’s access to and participation in the curriculum:
 |
| * Click or tap here to enter text.
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| **Parent/Guardian Details** |
| First Name & Last Name: | Click or tap here to enter text. |
| Contact number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Postal address: | Click or tap here to enter text. |

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| **Evidence of Eligibility** |
| Student’s verified impairment/s |
|[ ]  Autism Spectrum Disorder |[ ]  Hearing Impairment |
|[ ]  Intellectual Disability |[ ]  Physical Impairment |
|[ ]  Speech-Language Impairment |[ ]  Vision Impairment |
|[ ]  Social Emotional Disorder  | \*Note: Students with a verification of Social Emotional Disorder enrolled in non-state schools are eligible. For students enrolled in State schools to be eligible, the student must be recorded as receiving substantial or extensive adjustments to address a Social Emotional Disorder in the Nationally Consistent Collection of Data for School Students with Disability, and has been subject to abuse or harm; or are at risk of harm. |
| Primary verification category: | Click or tap here to enter text. |
| Verification date: | Click or tap here to enter text. |

**Privacy Collection Notice:** The personal information gathered by (Act for Kids) on this form is for the purpose of delivering services to improve access to and participation in curriculum and educational outcomes and will not be used for any other purpose or given to any other party unless you have consented or we are authorised by law to do so.