

School Request For Support Form Specialist Disability Support in Schools (SDSS) Program

School Support Services 2024



SECTION A

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

Service Request

School Name:

School Address:

School Email Address:

School Phone Number:

Name of person making request:

Position of person making request (Contact):

School Contact's Phone Number:

School Contact's Email Address:

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



SECTION B

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

Student Details

Name:

School Year Level:

Impairment Categories:

Date of Birth

Number of Days Absent this Term:

Number of suspensions and for how long this term:

SDSS Services – Student Eligibility

Check the relevant box/es regarding student eligibility:

<input type="checkbox"/>	<ul style="list-style-type: none">• Students who were recorded in the latest submission of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) as receiving supplementary, substantial or extensive adjustments; or
<input type="checkbox"/>	<ul style="list-style-type: none">• the school requires assistance to address a barrier to the student's physical access to the school environment; or
<input type="checkbox"/>	<p>Students new to a school (including Prep students)</p> <ul style="list-style-type: none">• School has evidence of a diagnosed disability and has confirmed by the end of Term 1 that the adjustments provided are consistent with the descriptors for either supplementary, substantial or extensive in the NCCD Guidelines (please refer to the NCCD Selecting the level of adjustment matrix):<ul style="list-style-type: none">- Supplementary: Student receives adjustments supplementary to the strategies and resources already available for all students within the school for particular activities at specific times throughout the week.- Substantial: Student has substantial support needs and receive essential adjustments and require considerable assistance to the usual educational program at most times, on most days.- Extensive: Student has very high support needs and are provided with extensive targeted measures and sustained levels of intensive support at all times.

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:

Please write your highest priority goal: (e.g. It would be great if student could _____)

Parent/Guardian Information

First & Last Name:

Relationship to child:

Contact Number:

Email Address:

Postal Address:

School Consent

Principals (or delegate), your consent is required by ticking the box beside the statements below. SDSS services cannot be provided until all statements are agreed to:

- I understand that [insert name of organisation] will provide services at our school and will work in collaboration with the student's educational team to provide advice and support for the development and implementation of the student's Personalised Learning Plan.
- The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by [insert name of organisation].
- Consent has been received from a parent/guardian for each student listed in Section B of this request to receive a SDSS service from [insert name of organisation] at our school.
- I confirm that each student listed in Section B of this request meets the eligibility requirements to receive a SDSS service, as listed in the previous section, SDSS Services – Student Eligibility.

***Privacy Collection Notice:** All approved SDSS organisations have a current service agreement with the Department of Education, which requires them to adhere to strict Disclosure of Confidential Information and Protection of Personal Information clauses when delivering a service.

The personal information gathered by [insert name of organisation] for this request 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.

Principal's (or delegate's) signature:

Print Name:

Date:

Child Protection Experiences

Please note any known Child Protection Experiences:

- | | |
|---|--|
| <input type="checkbox"/> Physical Harm / Injury | <input type="checkbox"/> Neglect / Abandonment |
| <input type="checkbox"/> Sexual Harm | <input type="checkbox"/> Domestic Family Violence |
| <input type="checkbox"/> Emotional / Psychological Harm | <input type="checkbox"/> Parental Drug / Alcohol Use |
| <input type="checkbox"/> Developmental / Medical Harm | <input type="checkbox"/> Unknown |

Presenting Issues

Please note any known presenting issues:

Family Safety:

- | | | |
|--|---|--|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Abuse or Neglect | <input type="checkbox"/> Drug or Alcohol |
|--|---|--|

Material Wellbeing:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Housing | <input type="checkbox"/> Food / Clothing / Goods |
|---|----------------------------------|--|

Health:

- | | | |
|--|---|--|
| <input type="checkbox"/> Mental & Emotional Health | <input type="checkbox"/> Illness / Disability | <input type="checkbox"/> Maternal Health |
|--|---|--|

Connections:

- | | | |
|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Cultural | <input type="checkbox"/> Community |
|---------------------------------|-----------------------------------|------------------------------------|

Child Wellbeing:

- | | | |
|---|--|---|
| <input type="checkbox"/> Care & Education | <input type="checkbox"/> Childhood Development | <input type="checkbox"/> Behavioural Issues |
|---|--|---|

Parenting:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Accessing Supports |
|-------------------------------------|---|---|

Family Interactions:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Conflict | <input type="checkbox"/> Relationships | <input type="checkbox"/> Communication |
|-----------------------------------|--|--|

Thank you for your referral.

Please submit the **completed referral form**, with **signed consent** and **attached eligibility documentation** to:

Brisbane: sdsswooloo@actforkids.com.au

Townsville: welcomeng@actforkids.com.au