

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

School Support Services 2026



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: _____



All schools are required to consider the needs of students in conjunction with any services already available to the school, to assess that a request for a SDSS Program is needed.

<p>State Schools - this request cannot progress until the yes box is ticked. Please confirm that your school has contacted your closest Department of Education (the department) Regional Office to check if there are any other supports or resources provided by the department, including school-based therapies, already available to the school. Information regarding the supports and resources available to State Schools for students with disability can be located at</p> <p>https://intranet.qed.qld.gov.au/Students/LearningandDisabilitySupport/school-supports-resourcing</p>	<input type="checkbox"/>	Yes
<p>Non-State Schools - this request cannot progress until the yes box is ticked. Please confirm that your school has checked, through the Special Education Services provided to Non-State Schools by the department. Information regarding the supports and resources available to Non-State Schools for students with disability can be located at</p> <p>https://education.qld.gov.au/students/students-with-disability/support-to-non-state-schools</p>	<input type="checkbox"/>	Yes

Does the student already have access to specialist education services at school?

Yes No

If Yes, what services are being accessed by the student?

- | | |
|--|--|
| <input type="checkbox"/> Special Education Support | <input type="checkbox"/> Advisory Visiting Teacher |
| <input type="checkbox"/> Therapy Services | <input type="checkbox"/> Teacher Aide Support |
| <input type="checkbox"/> Other (Please provide further details): | |

Please describe key concerns regarding the student's access to and participation in the curriculum:

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:

Class Teacher name and email:

Impairment Categories and any diagnosis:

Date of Birth

Country of Birth

Language Spoken most at home:

Number of Days Absent this Term: _____

Number of suspensions and for how long this term: _____

Does this student identify as:

Aboriginal Torres Strait Islander Both Neither

SDSS Services – Student Eligibility

Check the relevant box/es to confirm student eligibility:

<input type="checkbox"/>	The student was recorded in the latest submission of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) as receiving supplementary adjustments.
<input type="checkbox"/>	The student was recorded in the latest submission of the NCCD as receiving substantial adjustments.
<input type="checkbox"/>	The student was recorded in the latest submission of the NCCD as receiving extensive adjustments.
<input type="checkbox"/>	Students new to a school (including Prep students)
<input type="checkbox"/>	a) 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); or
<input type="checkbox"/>	b) the student has a diagnosed disability and documented ongoing complex needs, and the student requires immediate support to access and participate in learning and/or for their safe attendance at school.

Explanatory notes for NCCD adjustment levels:

- 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**.

NCCD Disability Category

- Physical Cognitive Sensory Social/emotional

Specific Recorded Disabilities

- Autism Intellectual Disability Blindness or Vision Impairment
 Deafness or Hearing Loss Physical Impairment

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



Parent/Guardian Information

Who has legal guardianship of the child?

Parent(s)

Child Safety

Carer

Other (please specify): _____

First & Last Name: _____

Relationship to child: _____

Contact Number: _____

Email Address: _____

Postal Address: _____

Is the student living in out of home care:

Yes If yes, please specify:

Kinship Care Foster Care Residential Care

No

School Acknowledgements

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

<input type="checkbox"/>	State Schools – my school has considered all other services for students with disability provided by the department and is unable to access the level of support required.
<input type="checkbox"/>	Non-State Schools – my school has considered other services provided by the department and is unable to access the level of support required through the Special Education Services provided to Non-State Schools for students with disability.
<input type="checkbox"/>	I understand that Act for Kids 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.
<input type="checkbox"/>	The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Act for Kids
<input type="checkbox"/>	The consenting parent or guardian has provided written consent that they have been informed how the SDSS service from Act for Kids will be provided, and/or, what, how and to whom, the student's personal information is to be recorded, used or disclosed. Consent can only be given by someone who has the legal capacity to give it, and must be voluntary, informed, specific and current.
<input type="checkbox"/>	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:** Any personal information requested in this form is for the purposes of administering the SDSS program or delivering a SDSS service. The personal information provided, including the above consent from the Principal/delegate, will be used to confirm the eligibility of the School listed in section A, to receive SDSS services provided by Queensland Department of Education's (the department) contracted service providers, for the students listed in section B. If you do not provide the personal information requested in this form, the contracted service provider will not be able to continue assessing your application for SDSS services. The contracted service provider and the department will manage all personal information collected in accordance with the Information Privacy Act 2009 (Qld) (IP Act) and will not otherwise use or disclose the personal information collected, unless you provide consent or if authorised or required by law. If you have any concerns that your privacy has not been dealt with in accordance with the IP Act, you can submit a complaint to the department. You can find further information about the department's complaint processes at <https://www.qld.gov.au/education/schools/information/contact/complaint>. For any questions about the SDSS Program, please contact the SDSS Team at SDSS@qed.qld.gov.au.

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: sdsswooloowin@actforkids.com.au

Townsville: townsvillesdss@actforkids.com.au