

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

Please Note – it is a requirement of the SDSS that we obtain this signed School Request for Support Form for each student. It must be renewed each school year.

Name of person making request:	<input type="text"/>
Position of person making request:	<input type="text"/>
School Contact's Phone Number:	<input type="text"/>
School Contact's Email Address:	<input type="text"/>

### Student Details

First Name & Last Name:

Preferred Name:

Date of Birth:

School Year Level:

Postal Address:

Parent/Guardian Name (1):

Parent/Guardian Email Address:

Parent/Guardian Phone Number:

Parent/Guardian Name (2):

Parent/Guardian Email Address:

Parent/Guardian Phone Number:

Does this student identify as:

Aboriginal

Torres Strait Islander

Other Cultural Background (please specify below)

Nationality/Cultural  
Background

Please email completed form to [hello@montrose.org.au](mailto:hello@montrose.org.au) or call 1800 193 362 and speak to our Intake Team if you need more information about the SDSS referral process.

**Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> School Support Services | <input type="checkbox"/> Resource Centre Services |
| <input type="checkbox"/> Specialised Equipment   |   |

**How can Montrose help? Please nominate support requests below (tick all that apply)**

**Speech Pathology**

- Speech and language development
- Alternative communication e.g. symbols, PODD books, iPad
- Literacy skill development
- Computer software to assist with literacy
- Mealtime safety

**Physiotherapy**

- Playground and general school access
- Safe use of PDWC or scooter in the school environment
- Improve balance and coordination
- Modifications for HPE programs

**Other**

(Please list any other services required below OR add further details about the request)

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**Occupational therapy**

- Review of toileting area & assistance with equipment e.g. hoists
- Trial of supportive seating/equipment for writing tasks
- Trial of technology e.g. software, alternate mouse/keyboard
- Trial of pencils and pencil grips
- Sensory screening and recommendations

**Team**

- Support with planning for camps/excursions
- Staff training around the child's condition/needs
- Staff manual handling training

**Service Request**

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Postal Address: \_\_\_\_\_  
\_\_\_\_\_

School Email Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Classroom Teacher's Name: \_\_\_\_\_

Class: \_\_\_\_\_

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

Does the student access specialist education services at the school?

- Special Education Support  AVT  Therapy Services
- Special Education School  Teacher Aide Support
- Other (Please provide further details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What other Organisations or Services are involved in supporting the Student?

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Student's verified impairment areas:

- Autism Spectrum Disorder
- Hearing Impairment
- Intellectual Disability
- Physical Impairment
- Speech – Language Impairment
- Vision Impairment
- Social Emotional Disorder (Non-State Schools only)

Further Details:

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

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**Evidence of Eligibility**

Student has been verified?  Yes  No  Awaiting verification

Primary verification category:

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Verified by:

State School  Catholic Education  Independent Schools Queensland

Verification date:

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Other verification category:

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Other verification date:

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Other documentation:

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Documents – please attach:

- Current Individualised Education Plan
- Relevant school policies and procedures including student safety and mandatory reporting requirements

**School Consent**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please indicate your consent by ticking the box beside the statements below:**

- I give permission for Montrose Therapy & Respite Services 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 Montrose Therapy & Respite Services will provide advice and support for the development and implementation of the student's Individualised Education Plan.

Principal's (or delegate's) signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Consent**

Student's Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please indicate your consent by ticking the box beside the statements below:**

- I give consent for my child to receive therapy services from Montrose Therapy & Respite Services as requested by the school. I understand that these services may include Speech Therapy, Occupational Therapy, Physiotherapy, Teacher/Educator, Teacher Aide/s.
  - I give consent for Therapists/Educators to discuss my child's learning needs with therapist from other support agencies (DET, Q Health, private therapists).
  - I give consent for \_\_\_\_\_ (Name of School), to release information regarding my child to the Montrose Therapy & Respite Services as. I understand that this may include reports from Occupational Therapy, Physiotherapy, Speech Language, Educator, IEP/ILP or School.
  - I understand that information will be used by therapists to support my child's education and to complete the Support Data associated with funding requirements.
  - I understand that assessment and/or follow up services will be provided as required and appropriate, and that this may involve discussions with other agencies about my child.
  - I give permission for a meeting regarding my child to proceed if I am unable to attend.
- There are court orders / custody arrangements which apply to my child:
- No     Yes - copies of relevant document/s must be provided prior to commencement of services

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Privacy Collection Notice:** The personal information gathered by Montrose 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.

