

# 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.

## 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: \_\_\_\_\_

School Contact's Phone Number: \_\_\_\_\_

School Contact's Email Address: \_\_\_\_\_

Convenient time to contact: \_\_\_\_\_

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

## School Consent

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.
- Consent has been received from a parent/guardian for each student listed in Section B of this request to receive a service from Montrose Therapy & Respite Services at our school.

The relevant school policies and procedures, including child safety and mandatory reporting requirements:

- are attached to this request; or
- have been completed by Montrose Therapy & Respite Services

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

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

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)**

**Student Details**

First Name & Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

School Year Level: \_\_\_\_\_

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:

**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 formally reported as being subject to abuse or harm or are at risk of harm.

Primary verification category: \_\_\_\_\_

Verification date: \_\_\_\_\_

**Privacy Collection Notice:** The personal information gathered by Montrose Therapy & Respite Services 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.

**Service Type**

- School Support Services
- Resource Centre Services
- 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

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

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

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