

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 completed form.

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

Check the relevant box regarding student eligibility and attach either a OneSchool report or evidence of current verification under the Education Adjustment Program (EAP):

State schools	<input type="checkbox"/> Students who were recorded in the Nationally consistent collection of data on school students with disability (NCCD) collection for the previous year as receiving Substantial or Extensive adjustments; or <input type="checkbox"/> Prep and new students to a state school recorded with Anticipated Adjustments at Substantial or Extensive, as submitted for Day 8.
Non-state schools	<input type="checkbox"/> Students who have a current verification under the Education Adjustment Program (EAP).

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.

Main area of concern

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Speech and Language issues | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Social Emotional concerns | |

Are there any behaviours of concern?

- Yes
- No

If yes, please give details below

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

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)
