

## Specialist Disability Support in Schools (SDSS) Program

# School Request for Support Form

### SECTION A

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

*Please Note*

- It is a requirement of the SDSS that we obtain this completed form.
- See privacy notice on page 2

#### 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 understand that Montrose Therapy & Respite Services 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 Individualised Education Plan.
- The school has provided evidence that the students listed in Part B are eligible for a SDSS service i.e. OneSchool report showing NCCD categories or evidence of current verification under the EAP.\*
- I understand that the SDSS services are to be provided in collaboration with the education professionals in the student's educational team.
- 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: \_\_\_\_\_

### \*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 Montrose Therapy 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.

**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: \_\_\_\_\_

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):

<b>State schools</b>	<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.
<b>Non-state schools</b>	<input type="checkbox"/> Students who have a current verification under the Education Adjustment Program (EAP).

### 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)

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