# 2024 School Request For Support Form

Specialist Disability Support in Schools (SDSS) Program

z

Specialist Disability Support in Schools (SDSS) Program

# School Support Services

**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: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |

**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: |  |
| Disability Categories: |  |
|  |  |

|  |
| --- |
| **SDSS Services – Student Eligibility** |

Check the relevant box regarding student eligibility:

|  |  |  |
| --- | --- | --- |
| **State schools** |  | Students who were recorded in the latest submission of the Nationally consistent collection of data on school students with disability (NCCD) as receiving Supplementary, Substantial or Extensive adjustments; or  Prep and new students to a state school recorded with Anticipated Adjustments at Supplementary, Substantial or Extensive, as submitted for Day 8. |
| **Non-state schools** |  | Students who have a current verification under the Education Adjustment Program (EAP). |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Does the student access specialist education services at the school? | | | | | |
|  | * Special Education Support |  | AVT |  |  | |
|  | * DoE Therapy Services |  | Teacher Aide Support |  |  | |
|  | * Other (Please provide further details): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * Please tick the boxes that correspond with the student’s access, participation and achievement concerns and give a brief explanation of how this impacts the student.  |  |  | | --- | --- | |  | Communication: | |  | Self-Regulation | |  | Social Interaction: | |  | Safety (e.g. private vs public): | |  | Personal Care: (e.g. toileting, puberty) | |  | Skill Acquisition: | |  | Academic Progression: (e.g. A – E) |   Please detail any other necessary student information that will support this request. | | | | | |
|  | | | | | |

|  |
| --- |
| **School Consent** |

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

|  |  |
| --- | --- |
|  | I understand that **Granite Belt Support Services Inc** 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. |
|  | The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by **Granite Belt Support Services Inc.** |
|  | Consent has been received from a parent/guardian for each student listed in Section B of this request to receive a SDSS service from **Granite Belt Support Services Inc** at our school. |
|  | 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:** 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 **Granite Belt Support Services** **Inc** 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. |

|  |
| --- |
| **Principal’s (or delegate’s) signature:** |
| **Print Name:** |
| **Date:** |