

Specialist Disability Support in Schools (SDSS) Program

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 your Service Agreement to obtain a signed School Request for Support Form for each student which **must** be renewed **each school year**.

A renewal form for the next school year signed by the School Principal (or approved delegate) and renewed Parent/Guardian consent with the original approved School Request for Support Form attached can be used to meet this requirement. Any other renewal arrangements **must** first be approved by the Department of Education to ensure these mandatory requirements are met.

Please complete and return this form to Guide Dogs Queensland

Telephone: (07) 3500 9060

Email: pathways@guidedogsqld.com.au

Address: 1978 Gympie Road, Bald Hills, 4036

Service Type School Support Services

Orientation and Mobility

Occupational Therapy

Service Request

School Name: _____

School Street Address: _____

School Postal Address: _____

School Email Address: _____

School Phone Number: _____

Name & Position of person making request: _____

Best Person to contact for the duration of program (eg making appointments): _____

Above Person's Phone Number: _____

Above Person's Email Address:: _____

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

School Consent

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

- I give permission for Guide Dogs Queensland 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 Guide Dogs Queensland 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 Guide Dogs Queensland at our school.
- I give permission for Guide Dogs Queensland to provide services off the school's premises at a specified address to support the student's Individualised Education Plan.

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

- are attached to this request; or
- have been completed by Guide Dogs Queensland

Principal's (or delegate's)

Signature: _____

Print Name: _____

Date: _____

Request Details (Is this a request for)

- Curriculum support
- Support for a specific phase of learning
- Support for a specific phase of learning
- Transition planning support
- Student assessment (circle option required)
- Assistive Technology Education Low Vision Assessment Centre Learning Media Orientation and Mobility

Support requested: _____

Relevant background information: _____

What outcomes would you like the support to achieve? _____

SECTION B

(If this is for multiple eligible students, Section B must be completed for each eligible student)

Student Details

Title, First Name & Last Name: _____

Preferred Name: _____

Date of Birth: _____

School Year Level: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Telephone: _____

Email: _____

Does the student access specialist education services at the school?

<input type="checkbox"/>	Special Education Support	<input type="checkbox"/>	AVT	<input type="checkbox"/>	Other (provide further details):
<input type="checkbox"/>	Therapy Services	<input type="checkbox"/>	Teacher Aide Support		

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

Evidence of EligibilityStudent has been verified? Yes No Awaiting verification

Student's verified impairment areas: (if there are multiple please number each)

- | | | | |
|--------------------------|----------------------------|--------------------------|---------------------|
| <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-Language Impairment | <input type="checkbox"/> | Vision Impairment |
| <input type="checkbox"/> | 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.

Verified by: State School Catholic Education Independent Schools Queensland

Privacy Collection Notice: The personal information gathered by [Guide Dogs Queensland](#) 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.