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**Specialist Disability Support in Schools  
(SDSS) Program School Request for   
Support Form – School Support Services**

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

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| **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**. Approved organisations may either utilise this Form in its entirety **or** incorporate all provisions contained within this Form into  their own document for Schools to request services under the SDSS Program.  A renewal form for the next school year, signed by the School Principal (or approved delegate)  confirming 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. |

**SECTION A**

|  |  |
| --- | --- |
| **Please complete and return this form to Guide Dogs Queensland** | |
| Telephone: | (07) 3500 9060 or (07) 4421 7300 |
| Email: | [SDSS@guidedogsqld.com.au](mailto:SDSS@guidedogsqld.com.au) |
| Address: | 1978 Gympie Road, Bald Hills, 4036 |

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| **Service Type** | | | |
|  | Orientation and Mobility |  | Occupational Therapy |
|  | Assistive Technology Training for Student |  | Psychology |

|  |  |
| --- | --- |
| **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: |  |

|  |  |  |  |  |  |  |
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| 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 |
| 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)

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| **Student Details** |

|  |  |
| --- | --- |
| Name: |  |
| School Year Level: |  |

|  |  |  |
| --- | --- | --- |
|  | Date of Birth: / / | Gender: M 🞎 F 🞎 Other: 🞎 |

|  |  |
| --- | --- |
| Does the student identify as Aboriginal or Torres Strait Islander? | Yes 🞎 No 🞎  Both 🞎 Declined to Answer 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** |  | 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  Prep and new students to a state school recorded with Anticipated Adjustments at Substantial or Extensive, as submitted for Day 8. |
| **Non-state schools** |  | Students who have a current verification under the Education Adjustment Program (EAP). |

**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.

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| **School Consent** |

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

|  |  |
| --- | --- |
|  | I understand that Guide Dogs 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.\* |
|  | The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Guide Dogs. |
|  | 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 at our school. |

**\*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.

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