Guide Dogs.

Specialist Disability Support in Schools Program School Request for Support Form

Please Note:

It is an Education Queensland requirement to obtain a signed School Request for Support Form for each Student which must be renewed **each school year**.

SECTION A

If this request is for more than one eligible Student, only one Section A is required.

Please complete and sent this form to Guide Dogs

Telephone: (07) 3500 9060

Email: SDSS@guidedogsqld.com.au

Address: 1978 Gympie Road, Bald Hills, QLD 4036

Nam	e of Classroom Teacher:				
Clas	s:				
if the	the school contacted their Regional Office to check Pre are any supports and/or school-based therapies able from the education sector?				
	nool Consent				
Prin belo	cipal (or delegate), your consent is required by ticking the box beside the statements w:				
	I understand that Guide Dogs Queensland 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.				
	I give permission for Guide Dogs to provide services at our school or as negotiated and agreed by Guide Dogs and the school.				
	The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Guide Dogs Queensland.				
	Consent has been received from a parent/guardian for each Student listed in Section B of this request to receive a SDSS service from Guide Dogs Queensland 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 Section B below, SDSS Services – Student Eligibility.				
with	acy Collection Notice: All approved SDSS organisations have a current service agreement the Department of Education, which requires them to adhere to strict Disclosure of Confidential mation and Protection of Personal Information clauses when delivering a service.				
deliv	personal information gathered by Guide Dogs Queensland for this request is for the purpose of ering services to improve access to and participation in curriculum and educational outcomes will not be used for any other purpose or given to any other party unless you have consented, e are authorised by law to do so.				
Prin	cipal's (or delegate's signature):				
Prin	t Name:				
Date): 				

SECTION B

If this School Request for Support Form is for <u>multiple</u> eligible Students, a Section B (this page) must be completed for <u>each</u> eligible Student.

Student Details			
First and Last Name:			
Preferred Name:			
Date of Birth:			
Gender:	Male / Female / Other (please des	scribe):	
Does the Student identify as:	□ Aboriginal □ Torres Stra	ait Islander	
	☐ Other Cultural Background (ple	ase specify):	
School Year/Grade Level:			
Home Address:			
Parent/Carer Name (1):			
Parent/Carer Phone Number:			
Parent/Carer Email:			
Parent/Carer Name (2):			
Parent/Carer Phone Number:			
Parent/Carer Email:			
Impairment Categories:			
☐ Vision Impairment	☐ Autism Spectrum Disorder	☐ Physical Impairment	
☐ Intellectual Disability	☐ Speech Language Impairment	☐ Hearing Impairment	
☐ Social Emotional Disorder	☐ Other (please specify):		
Does the Student access spec	cialist education services at scho	ool?	
☐ Special Education Support	□ AVT	☐ Teacher Aide Support	
☐ Therapy Services	☐ Other (please specify):		
Service Type Requested for S	tudent by Guide Doas:		
☐ Orientation and Mobility	☐ Occupational Therapy	☐ Psychology	

□ Assistive Technology Training Please describe key concerns regarding the Student's access and participation in the curriculum:				
What	other Organisations or Services are involved in supporting the Student?			
000	00 0			
SUS	SS Service – Student Eligibility			
Chec	k the relevant box/es regarding the Student's eligibility:			
	The Student was 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			
	the school requires assistance to address a barrier to the Student's physical access to the school environment; OR			
If a S	tudent is new to the school (including Prep Students)			
	The school has evidence of a diagnosed disability and has confirmed by the end of Term 1 that the adjustments provided are consistent with the descriptors for either supplementary, substantial or extensive as per the NCCD Guidelines (please refer to the NCCD Selecting the level of adjustment matrix below):			
	 Supplementary: Student receives adjustments supplementary to the strategies and resources already available for all Students within the school for particular activities at specific times throughout the week. 			
	 Substantial: Student has substantial support needs and receive essential adjustments and require considerable assistance to the usual educational program at most times, on most days. 			
	 Extensive: Student has very high support needs and are provided with extensive targeted measures and sustained levels of intensive support at all times. 			