



SCHOOL SUPPORT REQUEST FORM

SECTION A

This is to be completed for all students for **eligible for SDSS and NSSNO** program services.

Student Information:		
Student's Name:	DoB:	Year:
Service Request Contact:		
Name:	Position:	
Phone:	Email:	
School Information:		
School:	Teacher:	
Phone:	Email:	
Does the student access specialist education at the school? (eg, AVT, DoE Therapists, other):		
Name:	Role:	Email/Phone Contact:
Name:	Role:	Email/Phone Contact:
Name:	Role:	Email/Phone Contact:
<input type="checkbox"/> A copy of student's current ICP, ISP or IEP is attached		
Please indicate supports you would like to receive from SBH Qld:		
<input type="checkbox"/> Environmental / Access Reviews	<input type="checkbox"/> Toileting Supports	
<input type="checkbox"/> Excursions and Extracurricular Planning Supports (e.g. camps, gala days, etc)	<input type="checkbox"/> Curriculum Adjustments and Accommodations (e.g. student plans, verification)	
<input type="checkbox"/> Language/Literacy Assessments and Recommendations	<input type="checkbox"/> Classroom Strategies (e.g. sensory processing, attention and concentration, etc)	
<input type="checkbox"/> Social/Emotional Supports (whole class and individual)	<input type="checkbox"/> Handwriting and Fine Motor Assessments, Tools and Programs	
<input type="checkbox"/> Transition Planning and Support	<input type="checkbox"/> Wheelchair Skills and Safety	
<input type="checkbox"/> Gross motor and participation in Physical Education	<input type="checkbox"/> Other	
Please see attached Equipment list for any identified equipment requests.		
School Consent:		
Please indicate your consent by ticking the box beside the statements below:		
<input type="checkbox"/> I give permission for SBH Qld to provide services at our school, or as negotiated and agreed to by the above organisation and school.		
<input type="checkbox"/> I understand that the SDSS/NSSNO services are to be provided in collaboration with the education professionals in the student's educational team.		
<input type="checkbox"/> I understand that SBH Qld will provide advice and support for the development and implementation of the student's Individualised Education Plan.		
<input type="checkbox"/> Consent has been received from a parent/guardian for the student in this request to receive a service from SBH Qld at our school.		
Request Approved by: (Please note that all requests must be approved by the Principal or the Principal's nominee)		
Name:	Position:	
Signature:		

SCHOOL SUPPORT REQUEST FORM

SECTION B

This is to be completed for all students **eligible for SDSS (verified students)** program services.

Evidence of Eligibility of Service:	
Student's verified impairment/s:	
<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 Impairment <p>*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.</p>	
Primary verification category:	
Verification date (if known):	
<p>Privacy Collection Notice: The personal information gathered by SBH Qld 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.</p>	

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/NSSNO 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.