

SCHOOL ADVISORY VISIT PARENT/GUARDIAN PERMISSION

Dear Parent/s

We believe your child's school may request an SBH Queensland School Advisory Visit for your child.

Your permission is required for the request to be submitted to SBH Queensland for a School Advisory Visit to proceed. School Advisory Visits provide the opportunity to discuss issues and strategies with our Education Support and Therapy Services staff (teacher/ occupational therapist/ speech pathologist/ physiotherapist/ social worker) to support your child's inclusion and participation in the education program. Issues addressed may include educational issues, communication, accessibility to facilities/classes, toileting, gross and fine motor skills and activities of daily living.

SBH Queensland will notify you if a School Advisory Visit has been arranged and the time of the visit. Parent involvement in the School Advisory Visit meeting is valued by SBH Queensland staff, however, we understand that occasionally this may not be possible, and you may elect for the meeting to occur without your attendance.

Following the visit, a brief record of the meeting will be forwarded to you and your child's school. We encourage you to make contact with our staff at any time to discuss the information contained in the record or any other matters that may have been discussed or have arisen since that time.

Once you have completed the form, please return it to your school and/or SBH staff. Your school will need to complete a Request for a School Advisory Visit and submit to SBH Queensland.

If you have any questions or would like any more information on school visits, please call SBH Queensland on (07)3844 4600.

SCHOOL ADVISORY VISIT - PARENT/GUARDIAN PERMISSION FORM

CHILD DETAILS:

Child's Full Name: _____ DOB: ____/____/____

Gender: M F Other (Indeterminate/ Intersex/ Unspecified) School Year Level: _____

Is the Child: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
 Other Cultural Background (please complete): _____

Postal Address: _____
 _____ Postcode: _____

Parent/Guardian Name (1): _____ Phone: _____

Parent/Guardian Name (2): _____ Phone: _____

Parent/ Guardian Email Address (1): _____

Parent/ Guardian Email Address (2): _____

Is the child a *registered client* of SBH Queensland? Y N

PARENT / GUARDIAN CONSENT:

Please read, tick, complete and sign to indicate your agreement:

- I have legal custody of the above mentioned child and the legal authority to complete this document; I have provided any relevant custody documentation, where applicable.
- I give permission for SBH Queensland to visit my child at his/her school during 2021, for the purpose of a School Advisory Visit.
- I give consent for (name of child's school) to release information regarding my child to SBH Queensland. I understand that this may include reports from Occupational Therapy, Speech Language Therapy, Physiotherapy, Teacher, IEP/ILP or School.
- I give consent for my child to receive therapy services from SBH Queensland as requested by the school. I understand these services may be provided by Speech Therapy, Occupational Therapy, Physiotherapy, Social Work and Teacher.
- I give consent for SBH Staff to discuss my child's learning needs with therapists from other support agencies (DET, Qld Health, private therapists).
- I understand that information will be used by therapists to support my child's education and to complete the Support Data associated with funding requirements.
- I understand that assessment or follow up services may be provided as negotiated, and that this may involve discussions with other agencies about my child.
- I give permission for a meeting regarding my child to proceed if I am unable to attend.
- I have read and understand the following Privacy Notice.

Privacy Notice

Personal and sensitive information collected on this form will be retained and used for the purpose of SBH Queensland Limited delivering services to improve access to and participation in curriculum and education outcomes, and to meet our requirements for government funding in providing you the services. It may also be used for other purposes such as to monitor and evaluate existing services and plan for future services or for research purposes. Without this information SBH Queensland may be unable to provide you with its service. The information collected on this form will only be used by SBH Queensland and will not be disclosed to any other person or organisation unless we have your consent, or we are permitted by law. If you wish to access or seek correction of your personal information or complain about our handling of your personal information please see SBH Queensland's Privacy Policy, at www.sbhqueensland.com.au or phone (07) 3844 4600.

Parent Signature: _____ Date: ____/____/____

Office Use Only: Copy forwarded to client's file Yes Date: ____/____/____