



# Specialist Disability Support in Schools (SDSS) Program

## School Request for Support Form

***This Department of Education funded program supports schools by providing funding to approved organisations to deliver services to improve access to and participation in curriculum and the educational outcomes for eligible school-aged students with disability*** (<https://education.qld.gov.au/about-us/budgets-funding-grants/grants/other-organisations/sdss>).

***For schools to access these funded services, this School Request for Support Form must be completed for each student each school year.***

### Student Details

First Name & Last Name:

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Preferred Name:

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Date of Birth:

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School Year Level:

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Postal Address:

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Parent/Guardian Name (1):

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Parent/Guardian Email Address:

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Parent/Guardian Phone Number:

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Parent/Guardian Name (2):

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Parent/Guardian Email Address:

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Parent/Guardian Phone Number:

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Does this student identify as:

Aboriginal

Yes

No

Torres Strait Islander

Yes

No

Other Cultural Background (please specify below)

Yes

No

Nationality/Cultural Background

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### Service Type

School Support Services

Resource Centre Services

Specialised Equipment

### Service Request

School Name:

School Street Address:

School Postal 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:

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

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Does the student access specialist education services at the school?

- Special Education Support       AVT       Therapy Services  
 Special Education School       Teacher Aide Support  
 Other (Please provide further details):

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What other Organisations or Services are involved in supporting the Student?

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Student's verified impairment areas:

- Autism Spectrum Disorder  
 Hearing Impairment  
 Intellectual Disability  
 Physical Impairment  
 Speech – Language Impairment  
 Vision Impairment  
 Social Emotional Disorder (Non-State Schools only)

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

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### Evidence of Eligibility

Student has been verified?  Yes  No  Awaiting verification

Primary verification category:

Verified by:  State School  Catholic Education  Independent Schools Queensland

Verification date:

Other verification category:

Other verification date:

Other documentation:

Documents – please attach:

- Current Individualised Education Plan
- Relevant school policies and procedures including student safety and mandatory reporting requirements

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## School Consent

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

- I give permission for Hear and Say, 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 Hear and Say will provide advice and support for the development and implementation of the student's Individualised Education Plan.

Principal's (or delegate's) signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## PLEASE RETURN THIS FORM TO:

**Hear and Say**  
PO Box 930, Toowoong Qld 4066  
[mail@hearandsay.com.au](mailto:mail@hearandsay.com.au)

If you have any questions in relation to this form, please contact Hear and Say on 3850 2111.