



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

Section A

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

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.

Service request

Your details	
School name:	
School address:	
School email address:	
School phone number:	
Name of person making request:	
School contact's phone number:	
School contact's email address:	
Convenient time to contact:	
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





School consent

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.
- Consent has been received from a parent/guardian for each student listed in Section B of this request to receive a service from Hear and Say at our school.

The relevant school policies and procedures, including child safety and mandatory reporting requirements:

- are attached to this request, or
- have been completed by Hear and Say

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.

Student details

Your details	
Full name:	
Preferred name (if applicable):	
Date of birth:	
Year level at school:	

Does the student access specialist education services at the school?

- Special education support
- Advisory Visiting Teacher
- Therapy services
- Teacher aid 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	<input type="checkbox"/> 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 <input type="checkbox"/> Prep and new students to a state school recorded with anticipated adjustments at substantial or extensive, as submitted for day eight.
Non-state schools	<input type="checkbox"/> Students who have a current verification under the Education Adjustment Program (EAP).

Privacy Collection Notice: The personal information gathered by Hear and Say 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.

