

*School to complete – One form per school*

<b>Service Type</b>			
<b>School Support Services</b>			
<b>Service Request</b>			
<b>School Name:</b>			
<b>Educational Sector:</b>	State School	Catholic Education	Independent School
<b>School Street Address:</b>			
<b>School Postal Address:</b>			
<b>School Email Address:</b>			
<b>School Phone Number:</b>			
<b>Person making the request:</b>	Name:	Position:	
<b>Contact details:</b>	Phone:	Email:	
<b>Convenient time to contact:</b>			
<b>Principal's Name:</b>			Email:
<b>Has the school contacted their Regional Office to check if there are any supports and/or school-based therapies available from the education sector?</b>	Yes	No	
<b>School Consent</b>			
<b>Please indicate your consent by ticking the box beside the statements below:</b>			
<input type="checkbox"/>	I give permission for <b>Language Disorder Australia</b> to provide services at our school, or as negotiated and agreed to by the above organisation and school		
<input type="checkbox"/>	I understand <b>SDSS/NSSNOP</b> services are to be provided in collaboration with the education professionals in the student/s educational team.		
<input type="checkbox"/>	I understand that <b>Language Disorder Australia</b> will provide advice and support for the development and implementation of the student/s Individualised Education Plan.		
<input type="checkbox"/>	I confirm that parental/caregiver consent has been received for each student referred to the service prior to forwarding this School Support Request form to <b>Language Disorder Australia</b> .		
<b>Principal's (or delegate's) signature:</b>			
<b>Print Name:</b>			
<b>Date:</b>			

Note: This School Support Request is valid for 12 months, unless notification is received from the school requesting cessation of services or if there has been a change in Principal.

After 12 months a new School Support Request form must be completed.



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