

School to complete – One form per school

Service Type	
School Support Services	
Service Request	
School Name:	
Educational Sector:	State School Catholic Education Independent Schools
School Street Address:	
School Postal Address:	
School Email Address:	
School Phone Number:	
Person making request:	Name: _____ Position: _____
Contact details:	Phone: _____ Email: _____
Convenient time to contact:	
Principal's Name:	Email: _____
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:	
<input type="checkbox"/>	I give permission for Language Disorder Australia to provide services at our school, or as negotiated and agreed to by the above organisation and school
<input type="checkbox"/>	I understand SDSS/NSSNOP services are to be provided in collaboration with the education professionals in the student/s educational team.
<input type="checkbox"/>	I understand that Language Disorder Australia 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 Language Disorder Australia .
Principal's (or delegate's) signature:	
Print Name:	
Date:	

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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