

School to complete – One form per school

Service Type		
School Support Services		
Service Request		
School Name		
Educational Sector	State School	Catholic Education
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		
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"/>	The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Language Disorder Australia .	
<input type="checkbox"/>	I understand SDSS/NSSNOP services are to be provided in collaboration with the education professionals in the students' educational team.	
<input type="checkbox"/>	I understand that Language Disorder Australia will provide services at our school and will work in collaboration with the students' educational team to provide advice and support for the development and implementation of the students' Personalised Learning Plan.	
<input type="checkbox"/>	Consent has been received from a parent/guardian for each student referred to receive a SDSS/NSSNOP service from Language Disorder Australia at our school.	
<input type="checkbox"/>	I confirm that each student referred to Language Disorder Australia meets the eligibility requirements to receive a SDSS/NSSNOP service.	
Principal's (or Delegate's) Signature		
Print Name		
Date		


Note: This School Request for Support Form 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 or at the start of a new calendar year, a new School Request for Support Form must be completed.

***Privacy Collection Notice:** All approved SDSS organisations, including Language Disorder Australia, have a current service agreement with the Department of Education, which requires them to adhere to strict Disclosure of Confidential Information and Protection of Personal Information clauses when delivering a service.

The personal information gathered by Language Disorder Australia for this request 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.



**Queensland
Government**

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