

Student Details				
Surname				First Name:
Year Level				Age:
Date of Birth				Male / Female:
Medical Diagnosis				Medication:
Hearing Screening Completed	YES	NO	Result: _____	Vision Screening: YES NO
Verification	Category: <input type="checkbox"/> SLI <input type="checkbox"/> ASD <input type="checkbox"/> ID Other: _____ Status: <input type="checkbox"/> Verified <input type="checkbox"/> Pending <input type="checkbox"/> Investigating			
School Details				
School Name				
School Address				
Educational Sector	<input type="checkbox"/> Education Qld <input type="checkbox"/> Independent School <input type="checkbox"/> Catholic Education			
Principal				Email:
Learning Support				Email:
Class Teacher				Email:
Previous Assessments/Therapy				
Please provide details if your child has seen the following:	Name	Phone	Currently Accessing	Frequency of sessions
Paediatrician			YES NO	
Speech Pathologist			YES NO	
Occupational Therapist			YES NO	
Psychologist			YES NO	
Tutor			YES NO	
Early Intervention Team			YES NO	
Permission to contact the professionals listed above: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Parent / Guardian Details				
Surname	1. _____		2. _____	
First Name				
Phone				
Email				

Agreement of Conditions of Service and Parental Consent

Speech & Language Development Australia operates under the auspices of CHI.L.D. Association

In referring my/our son/daughter to Speech & Language Development Australia (SALDA) School Support Services Team I/we acknowledge that:

1. Assessments and /or treatments to be undertaken by SALDA staff may include:
 - b. Administration of formal tests considered relevant to diagnosis
 - c. Observations of the student's behaviour and performance in educational or other settings (such as classrooms or playgrounds)
 - d. Administration of any physical or behavioural examinations considered to be part of the procedures normally undertaken by the professionals concerned (e.g. muscle-tone examinations and/or treatment by a physiotherapist, oral-peripheral examination and/or treatment by a speech language pathologist)
 - e. Administration of therapy and/or teaching considered appropriate by SALDA staff
2. SALDA staff may:
 - a. Visit my/our child's regular school (with the agreement of the school principal) for the purpose of consulting with educational personnel and other relevant professionals, regarding the student with possible outcomes of ongoing consultative support, treatment, or assessment and/or
 - b. Have contact with the student and staff at their school for the purpose of providing support to your child for their ongoing development in order to achieve educational outcomes
3. SALDA staff may create written records, photos, video or audio recordings of my/our child and use these in preparing their consultations and recommendations with parents, educational and therapy personnel or other professionals. All records will remain the property of SALDA as medico-legal documents and may subsequently be used for research and/or professional education purposes. The confidentiality of these records will be respected at all times and no use will be made of them for general publications without further consent being sought
4. SALDA staff may contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists, and doctors) to seek information about the student's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested.
5. SALDA staff may use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes
6. For all services for which a fee applies, unless special arrangements have been approved by the CEO the full amount of the fee is payable in advance. Where SALDA is to provide a verbal consultation or written report, the consultation or report may be with-held in the event that an amount of agreed fees remains outstanding.

I/we hereby exempt SALDA, its officers and employees from any liability or loss that may result from findings, opinions or recommendations expressed by SALDA staff in relation to the students, and from any liability for any physical injury that may occur to the student whilst under the supervision of SALDA staff, on the condition that those staff act conscientiously in accordance with the practices and duty of care normal to their professions.

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Name of Parent/Guardian

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Signature

...../...../.....
Date

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Name of Parent/Guardian

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Signature

...../...../.....
Date