

SCHOOL SUPPORT SERVICES

Referral and Consent Form

Student Details				
Student's Full Name <small>(as appears on legal documentation)</small>	Surname:	First Name:		
Year Level		Age:		
Date of Birth		Gender:		
Does the student have a culturally or linguistically diverse background?	Cultural Background:			
	Other Languages Spoken:			
Medical Diagnosis		Medication:		
Hearing and Vision Screening	Hearing Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vision Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Aided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Verification Status	Investigating <input type="checkbox"/>		Pending (EAP paperwork submitted) <input type="checkbox"/>	
	Verified <input type="checkbox"/>			
	Category: SLI <input type="checkbox"/>	ASD <input type="checkbox"/>	ID <input type="checkbox"/>	HI <input type="checkbox"/> SED <input type="checkbox"/> PI <input type="checkbox"/> VI <input type="checkbox"/>
School Details				
School Name				
School Address				
Educational Sector	Education Queensland <input type="checkbox"/>	Catholic Education <input type="checkbox"/>	Independent Schools <input type="checkbox"/>	
Principal		Email:		
Learning Support		Email:		
Class Teacher		Email:		
Previous Assessments/Therapy				
Please provide details if the student has seen the following:	Name	Phone	Currently Accessing	Frequency of sessions
Paediatrician			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Speech Pathologist			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Occupational Therapist			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Psychologist			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Tutor			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Early Intervention Team			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Permission to contact the professionals listed above:				YES <input type="checkbox"/> NO <input type="checkbox"/>
Accessing Further Information				
Would you like to receive any further information from SALDA regarding our other services, research and local events? For more information go to www.salda.org.au				YES <input type="checkbox"/> NO <input type="checkbox"/>
Parent / Guardian Details				
Surname	1.	2.		
First Name				
Phone				
Email				
Signature				

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Student Strengths																															
Please list the student's strengths, interests and competencies	<hr/> <hr/> <hr/>																														
Priority Areas for Investigation																															
Please tick the main areas of concern for the student at school	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Expressive Language</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Receptive Language</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Speech</td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td>Fine Motor</td> <td><input type="checkbox"/></td> <td>Gross Motor</td> <td><input type="checkbox"/></td> <td>Perceptual Skills</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Behaviour</td> <td><input type="checkbox"/></td> <td>Social Skills</td> <td><input type="checkbox"/></td> <td>Self-Regulation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handwriting</td> <td><input type="checkbox"/></td> <td>Literacy</td> <td><input type="checkbox"/></td> <td>Numeracy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sensory</td> <td><input type="checkbox"/></td> <td>Other: _____</td> <td colspan="3"></td> </tr> </table>	Expressive Language	<input type="checkbox"/>	Receptive Language	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Fine Motor	<input type="checkbox"/>	Gross Motor	<input type="checkbox"/>	Perceptual Skills	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Self-Regulation	<input type="checkbox"/>	Handwriting	<input type="checkbox"/>	Literacy	<input type="checkbox"/>	Numeracy	<input type="checkbox"/>	Sensory	<input type="checkbox"/>	Other: _____			
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Student Concerns																															
Please provide further information regarding the student's identified areas of concern	<hr/> <hr/> <hr/>																														
Current School Programs																															
Please provide details of any school-based programs the student is currently engaged in (e.g. Multi-Lit, Zones of Regulation)	<hr/> <hr/> <hr/> <hr/>																														
Current Support Received																															
Please indicate how much additional support the student receives per week	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1:1 Teacher Aide Support</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Small Group Work</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Individualised Programming</td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td>1-2 Hours per week</td> <td><input type="checkbox"/></td> <td>2-4 Hours</td> <td><input type="checkbox"/></td> <td>5+ Hours</td> <td><input type="checkbox"/></td> </tr> </table>	1:1 Teacher Aide Support	<input type="checkbox"/>	Small Group Work	<input type="checkbox"/>	Individualised Programming	<input type="checkbox"/>	1-2 Hours per week	<input type="checkbox"/>	2-4 Hours	<input type="checkbox"/>	5+ Hours	<input type="checkbox"/>																		
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NCCD Level of Adjustment																															
Please indicate the NCCD level of adjustment identified for this student	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Differentiation</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Supplementary Adjustments</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Substantial Adjustments</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Extensive Adjustments</td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> </table>	Differentiation	<input type="checkbox"/>	Supplementary Adjustments	<input type="checkbox"/>	Substantial Adjustments	<input type="checkbox"/>	Extensive Adjustments	<input type="checkbox"/>																						
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Additional Comments																															
Please attach any relevant documentation including recent reports, IEP/ICP, etc.	<hr/> <hr/> <hr/> <hr/>																														
School Representative Signature																															
Name:	Signature:	Date:																													

Agreement of Conditions of Service and Parental/Guardian Consent

Speech and Language Development Australia (SALDA) is operated by CH.L.D. Association.

In referring to SALDA for services, I/we acknowledge that:

(insert child name above)

1. I give permission for SALDA to visit my/our child at his/her school for the purpose of an advisory visit. I give permission for the relevant documents and information to be released by the school to SALDA to enable SALDA to provide a service. (Please refer to Privacy Notice below).
2. 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.
3. SALDA staff may contact persons who are or have been directly concerned with the care or education of the child (such as teachers, therapists, and doctors) to seek information about the child's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested.
4. 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.
5. By signing below, I confirm that:
 - I have read and understood the information provided about the School Support Services visit and the requirements outlined for access to, sharing and storage of information.
 - I agree to my/our child being involved in the intervention program, if applicable.
 - I understand that an individualised report will be provided to the education setting following the visit and will subsequently be forwarded to me/us (legal guardian/s) by the education setting.
 - I have legal custody of the above-mentioned child and the legal authority to complete this document; I have provided any relevant custody documentation, where applicable.

I/we hereby exempt Speech and Language Development Australia, 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 child, and from any liability for any physical injury that may occur to the child 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.

Privacy Notice

Personal and sensitive information collected on this form will be retained and used for the purpose of providing Speech and Language Development Australia services and to meet our requirements for government funding. It may also be used for other purposes such as to monitor and evaluate existing services and plan for future services or for research purposes. Without this information SALDA may be unable to provide you with its service. The information collected on this form will only be used by SALDA and will not be disclosed to any other person or organisation unless we have your authorisation. Please refer to SALDA Privacy and Confidentiality Policy at www.SALDA.org.au or phone 1300 881 763.

..... Name of Parent/Guardian Signature/...../20..... Date
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