

Hear for Kids in School Referral Form Townsville

Specialist Disability Support in Schools (SDSS) Program

The **Hear for Kids in School** program is funded by the Specialist Disability Support in Schools (SDSS) Program and run by Deaf Connect. It provides **speech language pathology** services to eligible deaf and hard of hearing children in Prep, Year One and Year Two attending State, Catholic and Independent Schools.

The **Hear for Kids in School** therapists work collaboratively with teachers, other school supports and parents to improve educational opportunities and enhance learning outcomes for students.

Please return this form to Deaf Connect

Email: therapy.info@deafconnect.org.au

A **Hear for Kids in School** team member will contact you after receiving the completed form. If you have any questions regarding the referral or would like further information, please contact Veronica Stickley (Program Coordinator) on 07 3848 0080 or at therapy.info@deafconnect.org.au.

SECTION A

Service Request	
School Name:	
School Address:	
School Email Address:	
School Phone Number:	
Name of Key School Contact:	
Position of Key School Contact:	
Key School Contact's Phone Number:	
Key School Contact's Email Address:	
Class Teacher:	
Class Teacher's Email Address:	

All schools are required to consider the needs of students in conjunction with any services already available to the school, to assess that a request for a SDSS Program is needed.

<p>State Schools - this request cannot progress until the yes box is ticked. Please confirm that your school has contacted your closest Department of Education (the department) Regional Office to check if there are any other supports or resources provided by the department, including school-based therapies, already available to the school. Information regarding the supports and resources available to State Schools for students with disability can be located at</p> <p>https://intranet.qed.qld.gov.au/Students/LearningandDisabilitySupport/school-supports-resourcing</p>	<input type="checkbox"/> Yes
<p>Non-State Schools - this request cannot progress until the yes box is ticked. Please confirm that your school has checked, through the Special Education Services provided to Non-State Schools by the department. Information regarding the supports and resources available to Non-State Schools for students with disability can be located at</p> <p>https://education.qld.gov.au/students/students-with-disability/support-to-non-state-schools</p>	<input type="checkbox"/> Yes

Does the student already have access to specialist education services at school?

Yes No

If Yes, what services are being accessed by the student?

- | | |
|--|--|
| <input type="checkbox"/> Special Education Support

<input type="checkbox"/> EQ SLP Services
Name:
Email:

<input type="checkbox"/> External therapy provider (e.g. NDIS)
Name:
Email: | <input type="checkbox"/> Teacher Aide Support

<input type="checkbox"/> Advisory Visiting Teacher
Name:
Email:

<input type="checkbox"/> Other (Please provide further details)
Name:
Email: |
|--|--|

Please describe key concerns regarding the student's access to and participation in the curriculum:

SECTION B

Student Details			
Given Name:		Surname:	
Date of Birth:			
Gender:		Pronouns	
School:		School Year Level:	

Speech Pathology - Reason for Referral	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speech Expressive language Receptive language Literacy Listening Other:

Hearing Status – <u>copy of the most recent audiogram/hearing assessment is required</u>			
When was the student's hearing loss diagnosed?			
<input type="checkbox"/>	Left ear	<input type="checkbox"/>	Right ear
<input type="checkbox"/>	No loss	<input type="checkbox"/>	No loss
<input type="checkbox"/>	Mild (25-40dB)	<input type="checkbox"/>	Mild (25-40dB)
<input type="checkbox"/>	Moderate (41-60dB)	<input type="checkbox"/>	Moderate (41-60dB)
<input type="checkbox"/>	Severe (61-80dB)	<input type="checkbox"/>	Severe (61-80dB)
<input type="checkbox"/>	Profound (81+ dB)	<input type="checkbox"/>	Profound (81+dB)
Type of Hearing Loss			
<input type="checkbox"/>	Conductive	<input type="checkbox"/>	Conductive
<input type="checkbox"/>	Sensorineural	<input type="checkbox"/>	Sensorineural
<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Auditory Neuropathy	<input type="checkbox"/>	Auditory Neuropathy
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
Hearing Technology			
<input type="checkbox"/>	Nil	<input type="checkbox"/>	Nil
<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Hearing Aid
<input type="checkbox"/>	Cochlear Implant	<input type="checkbox"/>	Cochlear Implant
<input type="checkbox"/>	Bone Conductor	<input type="checkbox"/>	Bone Conductor
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other

SDSS Services – Student Eligibility

Check the relevant box/es to confirm student eligibility:

<input type="checkbox"/>	The student was recorded in the latest submission of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) as receiving supplementary adjustments.
<input type="checkbox"/>	The student was recorded in the latest submission of the NCCD as receiving substantial adjustments.
<input type="checkbox"/>	The student was recorded in the latest submission of the NCCD as receiving extensive adjustments.
<input type="checkbox"/>	Students new to a school (including Prep students)
<input type="checkbox"/>	a) School has evidence of a diagnosed disability and has confirmed by the end of Term 1 that the adjustments provided are consistent with the descriptors for either supplementary, substantial or extensive in the NCCD Guidelines (please refer to the NCCD Selecting the level of adjustment matrix); or
<input type="checkbox"/>	b) the student has a diagnosed disability and documented ongoing complex needs, and the student requires immediate support to access and participate in learning and/or for their safe attendance at school.

Explanatory notes for NCCD adjustment levels:

- Supplementary: Student receives adjustments supplementary to the strategies and resources already available for all students within the school for particular activities **at specific times throughout the week**.
- Substantial: Student has substantial support needs and receive essential adjustments and require considerable assistance to the usual educational program **at most times, on most days**.
- Extensive: Student has very high support needs and are provided with extensive targeted measures and sustained levels of intensive support **at all times**.

NCCD Disability Category

Physical
 Cognitive
 Sensory
 Social/emotion

Specific Recorded Disabilities

Autism
 Intellectual Disability
 Blindness or Vision Impairment
 Deafness or Hearing Loss
 Physical Impairment

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School Acknowledgements

Principals (or delegate), your approval is required by ticking the box beside all statements below and then signing. SDSS services cannot be provided until all statements are agreed to:

<input type="checkbox"/>	State Schools – my school has considered all other services for students with disability provided by the department and is unable to access the level of support required.
<input type="checkbox"/>	Non-State Schools – my school has considered other services provided by the department and is unable to access the level of support required through the Special Education Services provided to Non-State Schools for students with disability.
<input type="checkbox"/>	I understand that Hear for Kids in School will provide services at our school and will work in collaboration with the student’s educational team to provide advice and support for the development and implementation of the student’s Personalised Learning Plan.
<input type="checkbox"/>	The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Hear for Kids in School .
<input type="checkbox"/>	The consenting parent or guardian has provided written consent that they have been informed how the SDSS service from Hear for Kids in School will be provided, and/or, what, how and to whom, the student’s personal information is to be recorded, used or disclosed. Consent can only be given by someone who has the legal capacity to give it, and must be voluntary, informed, specific and current.
<input type="checkbox"/>	I confirm that each student listed in Section B of this request meets the eligibility requirements to receive a SDSS service, as listed in the previous section, SDSS Services – Student Eligibility.
<p>*Privacy Collection Notice: Any personal information requested in this form is for the purposes of administering the SDSS program or delivering a SDSS service. The personal information provided, including the above consent from the Principal/delegate, will be used to confirm the eligibility of the School listed in section A, to receive SDSS services provided by Queensland Department of Education’s (the department) contracted service providers, for the students listed in section B. If you do not provide the personal information requested in this form, the contracted service provider will not be able to continue assessing your application for SDSS services. The contracted service provider and the department will manage all personal information collected in accordance with the Information Privacy Act 2009 (Qld) (IP Act) and will not otherwise use or disclose the personal information collected, unless you provide consent or if authorised or required by law. If you have any concerns that your privacy has not been dealt with in accordance with the IP Act, you can submit a complaint to the department. You can find further information about the department’s complaint processes at https://www.qld.gov.au/education/schools/information/contact/complaint. For any questions about the SDSS Program, please contact the SDSS Team at SDSS@qed.qld.gov.au.</p>	

Principal’s (or delegate’s) signature:	
Print Name:	
Date:	

SECTION C

Parent/Carer Details	
Parent/Carer Name:	Parent/Carer Name:
Contact Number:	Contact Number:
Email:	Email:
Primary Language spoken at home:	Other Languages:
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:

Parent/Carer Consent

Privacy Statement: Deaf Connect collects, uses and discloses a child's personal information such as their medical, developmental and educational status and history for the sole purpose of delivering professional services. The information will be kept in a secure location. The information collected will be used by Deaf Connect, the Healthy Hearing Program and Education Queensland. The child's personal information will not be given to any other person or external body unless consent has been provided or Deaf Connect is required by law to use or disclose such information. Information given to professionals is for the purpose of informing their professional service to the child and they are required to abide by confidentiality guidelines as set out by the relevant professional bodies. De-identified information may be used for reporting and research purposes as required by the SDSS protocols and for dissemination of programme data. To access or seek correction of your personal information or to obtain copies of privacy policies go to www.deafconnect.org.au, <https://www.health.qld.gov.au/> and <http://qed.qld.gov.au>.

Therapy Permission

I, _____ (parent's name), parent/guardian of _____ (child's name), give permission for my child/dependent to receive professional services from employees of Deaf Connect (through Speech Language Pathologists and Occupational Therapists).

Signature: _____ Date: _____

Permission To Release/Access Information

I, _____ (parent's name), parent/guardian of _____, (child's name) give permission for employees of Deaf Connect to contact health, education and other professions involved in my child/dependent's care and to access information as indicated by professional services provided. I give permission for employees of Deaf Connect to release written and/or verbal information to professionals employed at the organisations involved in my child's care, for the purpose of optimising diagnostic or therapeutic services. I understand that employees of Deaf Connect will abide by the confidentiality guidelines as set out by relevant professional bodies in the process of exchange of information with professionals/organisations involved in my child's care. I understand that non-identifiable information may be used for reporting and research purposes as required for the implementation of best practice and for dissemination of program data.

Signature: _____ Date: _____

Disclaimer for Photography and Publicity Purposes

This is to certify, that I (parent/guardian's name), _____, authorise the employees of Deaf Connect to take photographs and/or make video/audio recordings of my child/dependent, (name) _____, as deemed appropriate for the provision of professional services. I acknowledge that the photographs/recordings are taken with my knowledge and consent and that no remuneration will be provided. I understand that:

1. All recordings/photographs will be used for professional services only
2. All recordings/photographs will be kept in a secure place and
3. Only employees of Deaf Connect and their students, if relevant, will have access to the recordings/photographs.

Signature: _____ Date: _____

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