

# COMMUNITY RESOURCE CENTRE (CRC) SCHOOL SERVICE REQUEST FOR STUDENT SUPPORT FORM

STUDENT NAME: \_\_\_\_\_



Proudly supported by the  
Department of Education



**Queensland  
Government**

SCHOOL DETAILS			
<b>SCHOOL INFORMATION</b>	School Name:		
	Name of Principal:		
	Name of person making request:		
	Position of person making request:		
	Email:	Mobile:	
	Class Teacher:	Teacher Aide/s:	
	<p><b>Principals (or delegate), your consent is required by ticking the box beside the statements below. SDSS services cannot be provided until all statements are agreed to:</b></p> <p><input type="checkbox"/> I understand that the Community Resource Centre will provide services at our school and at prearranged alternate venues 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.</p> <p><input type="checkbox"/> The relevant school policies and procedures, including child safety and mandatory reporting requirements, have been viewed and completed by Community Resource Centre Therapy Support Team.</p> <p><input type="checkbox"/> The student's parent/guardian consent has been given for this request to receive an SDSS service from the Community Resource Centre at our school.</p> <p>If there are restrictions to consent, please outline: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> I confirm that this student meets the eligibility requirements to receive a SDSS service, as listed in following section <i>Evidence of Eligibility</i>.</p> <p><input type="checkbox"/> I understand that CRC SDSS services may include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Sharing information with EQ therapists</li> <li>• Observation &amp; assessment of student's need</li> <li>• Advice / selection / development of resources &amp; equipment</li> <li>• Consultation &amp; collaborative goal setting with the teacher</li> <li>• Information &amp; strategies for the teacher</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Photo / video material</li> <li>• Equipment prescription</li> <li>• Generalisation strategies</li> <li>• Direct face to face therapy</li> </ul> </td> </tr> </table> <p><input type="checkbox"/> I understand that CRC therapy goals, which are in line with the student's education and support plans, will <b>be reviewed each semester</b> in collaboration with the student's education team.</p> <p>Provide a convenient time to be contacted by a CRC Therapist. (e.g. Mon-Fri between 1-2pm):</p> <p>_____</p>		<ul style="list-style-type: none"> <li>• Sharing information with EQ therapists</li> <li>• Observation &amp; assessment of student's need</li> <li>• Advice / selection / development of resources &amp; equipment</li> <li>• Consultation &amp; collaborative goal setting with the teacher</li> <li>• Information &amp; strategies for the teacher</li> </ul>
<ul style="list-style-type: none"> <li>• Sharing information with EQ therapists</li> <li>• Observation &amp; assessment of student's need</li> <li>• Advice / selection / development of resources &amp; equipment</li> <li>• Consultation &amp; collaborative goal setting with the teacher</li> <li>• Information &amp; strategies for the teacher</li> </ul>	<ul style="list-style-type: none"> <li>• Photo / video material</li> <li>• Equipment prescription</li> <li>• Generalisation strategies</li> <li>• Direct face to face therapy</li> </ul>		
Principal's (or Delegate's) Signature:	Date:		

**SCHOOL CONSENT**

STUDENT DETAILS		
<b>STUDENT INFORMATION</b>	Family Name: _____	Given Name/s: _____
	Date of Birth: _____	Class / Year: _____
	School: _____	
	This student identifies as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both  <input type="checkbox"/> Other ( <i>Specify</i> ): _____	
<b>MEDICAL</b>	Does the student have any existing health conditions, allergies, or take medication that may impact on their participation in therapy activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please give / attach details: _____ _____	
<b>STUDENT ELIGIBILITY</b>	To be eligible to receive a SDSS service, a student must be enrolled in a Queensland school (state or non-state) and be identified in one of the following ways:	
	<input type="checkbox"/> A student who was recorded in the latest submission of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) as receiving supplementary, substantial or extensive adjustments. <input type="checkbox"/> A student where the school requires assistance to address a barrier to the student's physical access to the school environment. <input type="checkbox"/> A <b>student who is new to the school (including Prep students)</b> , where the school has evidence of a diagnosed disability and has confirmed by the end of Term 1 that the adjustments provided are consistent with any of these descriptors in the NCCD guidelines (please refer to the 'NCCD selecting the level of adjustment' matrix) <ul style="list-style-type: none"> <li>○ Supplementary: The student receives adjustments supplementary to the strategies and resources already available for all students within the school for particular activities <b>at specific times throughout the week.</b></li> <li>○ Substantial: The student has substantial support needs and receives essential adjustments and requires considerable assistance to the usual educational program at most times, on most days.</li> <li>○ Extensive: The student has very high support needs and is always provided with extensive targeted measures and sustained levels of intensive support <b>at all times.</b></li> </ul> <p style="color: red; font-weight: bold;">NB: Although <b>Evidence of Eligibility</b> is not mandatory with this service request, the documentation provides valuable information for Therapists to support targeted intervention.</p>	
<b>ACCESS TO SPECIALIST EDUCATION AND OTHER SERVICES</b>	Has Regional Office been contacted to check if there are any supports and / or school based therapies available from the education sector? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the student access specialist education services at the school?	
	<input type="checkbox"/> Therapy Services <input type="checkbox"/> Teacher Aide Support <input type="checkbox"/> Special Education Support <input type="checkbox"/> AVT <input type="checkbox"/> Other ( <i>Specify</i> ): _____ What other Organisations or Services are involved in supporting the student? _____ _____	
<b>DOCUMENTATION CHECKLIST</b>	Required Documentation:	<input type="checkbox"/> Current Education and / or Support Plan
	Desirable Documentation:	<input type="checkbox"/> Evidence of Eligibility

## GOAL CONFIRMATION FOR CURRENT SERVICE REQUEST

Please select and prioritise a maximum of **3** categories which support the student's learning plan.

(Examples given below may include but are not limited to each category)

NUMBER	CATEGORY	EXAMPLES
	<b>COMMUNICATION / LANGUAGE SKILLS</b>	<ul style="list-style-type: none"> <li>• Use of grammar &amp; sentence structure</li> <li>• Speech production</li> <li>• Interaction with teachers / peers</li> <li>• Asking &amp; answering questions</li> <li>• Humour &amp; understanding jokes</li> <li>• Literacy skills</li> </ul>
	<b>SOCIAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Ability to self-regulate behaviour</li> <li>• Friendships</li> <li>• Play skills</li> <li>• Behaviours towards self / others</li> <li>• Manages frustrations / conflict resolution skills</li> </ul>
	<b>COGNITIVE SKILLS</b>	<ul style="list-style-type: none"> <li>• Objects &amp; symbols – recognition, selection, matching &amp; naming</li> <li>• Visual &amp; auditory memory</li> <li>• Alphabet / number skills</li> <li>• Colour - recognition, selection, matching &amp; naming</li> </ul>
	<b>FINE MOTOR SKILLS</b>	<ul style="list-style-type: none"> <li>• Grasp &amp; use of pencils</li> <li>• Touching &amp; tactile awareness</li> <li>• 3D constructions – blocks, lego, kinex, technics, mobilo</li> <li>• Holding &amp; using scissors</li> <li>• Computer skills – keyboard &amp; mouse</li> </ul>
	<b>GROSS MOTOR SKILLS</b>	<ul style="list-style-type: none"> <li>• Running, jumping, skipping</li> <li>• Ball skills - catching, throwing &amp; kicking</li> <li>• Balancing on one leg / hopping</li> <li>• Sitting posture/s</li> </ul>
	<b>EXECUTIVE FUNCTION / ADAPTIVE SKILLS</b>	<ul style="list-style-type: none"> <li>• Turn taking &amp; waiting</li> <li>• Presentation of classwork</li> <li>• Lining up &amp; walking in a line with peers</li> <li>• Organising belongings</li> <li>• Coping with changes</li> <li>• Everyday living</li> <li>• Task completion</li> <li>• Attention – individual / joint</li> <li>• Transition time</li> <li>• Knowing &amp; following class routines</li> <li>• Personal hygiene skills</li> <li>• Participation in sports / music activities</li> </ul>
	<b>SENSORY OVER / UNDER RESPONSIVE OR SEEKING / AVOIDING</b>	<ul style="list-style-type: none"> <li>• Visual</li> <li>• Auditory</li> <li>• Tactile</li> <li>• Taste</li> <li>• Vestibular</li> <li>• Proprioception</li> <li>• Smell</li> </ul>
<b>COMMENTS</b>		
<b>PRIVACY NOTICE</b>		<p>All approved SDSS organisations 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.</p> <p>The personal information gathered by the Banana Shire Community Resource Centre 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.</p>