

## **SCHOOL ADVISORY VISIT PARENT/GUARDIAN PERMISSION FORM**

Dear Parent/s

Your child's school is requesting an Autism Queensland School Advisory Visit for your child.

Your permission is required for the request to be submitted to Autism Queensland and, if offered, for a School Advisory Visit to proceed. Please note that completion of this form does not guarantee that we will be able to provide this service on this occasion. Eligibility criteria apply for these visits and your school has been requested to provide information about your child's current educational supports to determine eligibility. Due to the demand for this service, it is not always possible for Autism Queensland to provide a School Advisory Visit in response to every request.

School Advisory Visits provide the opportunity to discuss issues and strategies with our Education Support and Therapy Services staff (teacher/ occupational therapist/ psychologist/ speech pathologist) to support your child's inclusion and participation in the education program. Issues addressed may include behavioural and/or educational issues, communication, sensory processing, gross and fine motor skills and activities of daily living. Duration of each visit is approximately 1.5 hours with time allocated to both observation and discussion.

Your school will notify you if a School Advisory Visit has been arranged and the time of the visit. Parent involvement in the School Advisory Visit meeting is valued by Autism Queensland staff, however, we understand that occasionally this may not be possible, and you may elect for the meeting to occur without your attendance.

Following the visit, a brief record of the meeting will be forwarded to you and your child's school. We encourage you to make contact with our staff at any time to discuss the information contained in the record or any other matters that may have been discussed or have arisen since that time.

We recommend that you discuss this request and any issues you may like to raise during the School Advisory Visit with your child's school prior to completing the form. Once you have completed the form, please return it to your school. Your school will then complete a Request for a School Advisory Visit and submit to Autism Queensland for consideration.

If you would like more information about the school visit, please go to our website at [www.autismqld.com.au](http://www.autismqld.com.au) or contact us on (07) 3273 0000.

**Autism Queensland wishes to thank the Queensland Government Department of Education Specialist Disability Support in Schools (SDSS) Program for their support of the School Advisory Visit Service. Without this support School Advisory Visits would not be possible.**

CHILD DETAILS				
Child's Full Name (as appears on legal documentation)			DOB	
			M / F	School Year Level
Child is	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Other Cultural Background (please complete):			
Postal Address				
			Postcode	
Parent/Guardian Name(s)	(1)	Phone		
	(2)	Phone		
Parent/Guardian Email Address(es)	<i>Please provide at least one email address as email is our preferred method of corresponding with our clients</i>			
	(1)	(2)		
Is the child a <b>registered client</b> of Autism Queensland?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If not registered (or unsure) do you give permission to register your child with Autism Queensland? <i>Client registration is free and allows Autism Queensland to share with you relevant information about services, research and local events. For more information: <a href="http://www.autismqld.com.au">www.autismqld.com.au</a></i> <i>Please note: There is no requirement to register as an Autism Queensland client to access a School Advisory Visit.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent /Guardian Consent:				
Please read, tick, complete and sign to indicate your agreement:				
<input type="checkbox"/> 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.				
<input type="checkbox"/> I give permission for Autism Queensland to visit my child at his/her school during 2020, for the purpose of a School Advisory Visit.				
<input type="checkbox"/> I give consent for ..... (name of child's school) to release information regarding my child to Autism Queensland. I understand that this may include reports from Occupational Therapy, Speech Language Therapy, Physiotherapy, Psychology, Educator, IEP/ILP or School.				
<input type="checkbox"/> I give consent for my child to receive therapy services from Autism Queensland as requested by the school. I understand these services may be provided by Speech Therapy, Occupational Therapy, Psychology and Teacher/Educator.				
<input type="checkbox"/> I give consent for Therapists/Educators to discuss my child's learning needs with therapists from other support agencies (DET, Qld Health, private therapists).				
<input type="checkbox"/> I understand that information will be used by therapists to support my child's education and to complete the Support Data associated with funding requirements.				
<input type="checkbox"/> I understand that assessment or follow up services may be provided as negotiated, and that this may involve discussions with other agencies about my child.				
<input type="checkbox"/> I give permission for a meeting regarding my child to proceed if I am unable to attend.				
<input type="checkbox"/> I have read and understand the following Privacy Notice.				
<b>Privacy Notice</b> Personal and sensitive information collected on this form will be retained and used for the purpose of Autism Queensland Limited delivering services to improve access to and participation in curriculum and education outcomes, and to meet our requirements for government funding in providing you the services. 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 Autism Queensland may be unable to provide you with its service. The information collected on this form will only be used by Autism Queensland and will not be disclosed to any other person or organisation unless we have your consent, or we are permitted by law. If you wish to access or seek correction of your personal information or complain about our handling of your personal information please see Autism Queensland's Privacy Policy, at <a href="http://www.autismqld.com.au">www.autismqld.com.au</a> or phone (07) 3273 0000.				
Parent Signature			Date	
Office Use Only	Copy forwarded to Client Registration <input type="checkbox"/> Yes		Date	