

# SCHOOL ADVISORY SERVICE PARENT/GUARDIAN PERMISSION FORM



Dear Parent/s

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

Your permission is required for the request to be submitted to Autism Queensland and, if offered, for a School Advisory Service 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 services 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 Service in response to every request.

School Advisory Services provide the opportunity to discuss barriers and possible 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. Barriers may include behavioural and/or educational issues, communication, sensory differences, gross and fine motor skills and activities of daily living. Duration of each service is approximately 1.5 hours with time allocated to both observation and discussion.

Your school will notify you of the date and time if a School Advisory Service has been arranged. Parent involvement in the School Advisory Service 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.

Your child's perspective on how they can be better supported to access, participate and achieve within their educational setting is valued. This information can be shared in the online request form and during the meeting by school staff, or in person by your child who is welcome to attend the meeting.

Following the service, a brief record of the meeting will be forwarded to you and your child's school. We encourage you to make contact to contact Autism Queensland 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 Service 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 Service and submit to Autism Queensland for consideration.

If you would like more information about this service, 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 Service. Without this support School Advisory Services would not be possible.**

## Notes for Completing the form:

\*Please provide **at least one email address**, as email is our preferred method of corresponding with our clients.

\*\***Client registration** is free and allows Autism Queensland to share relevant information about services, research and local events with you. For more information: [www.autismqld.com.au](http://www.autismqld.com.au). Please note: There is no requirement to register as an Autism Queensland client to access a School Advisory Service.

## \*\*\*Privacy Notice

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 [www.autismqld.com.au](http://www.autismqld.com.au) or phone (07) 3273 0000.

## Autism Queensland Education Support and Therapy Services

CHILD DETAILS			
Child's Full Name (as appears on legal documentation):			
Date of Birth:		School Year Level:	
Gender:	Gender Pronoun:		
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 specify):		
Postal Address:	Postcode:		
Parent/Guardian 1	Name	Relationship to Child	
	Email*	Phone	
Parent/Guardian 2	Name	Relationship to Child	
	Email*	Phone	
Is your child a <b>registered client</b> of Autism Queensland? <input type="checkbox"/> Yes <input type="checkbox"/> No**			
**If not registered (or unsure) do you <b>give permission to register</b> your child with Autism Queensland? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT/GUARDIAN CONSENT	
<p>Please read, tick, complete and sign to indicate your agreement. <b>If the consent form is incomplete, we are unable to provide a service to your child.</b></p>	
<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 their school during 2021, for the purpose of a School Advisory Service.	
<input type="checkbox"/> I give consent for (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 the Autism Queensland team 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 Autism Queensland to support my child's education and to complete the Support Data associated with funding requirements.	
<input type="checkbox"/> I give consent for my child to be part of the School Advisory meeting if my child wishes to participate. Student participation provides an opportunity for a student's voice to be heard in a positive and supportive way, however not all students are ready to take this step and their decision will be respected. If students do not wish to attend or there are concerns that attending may not be a positive experience for the student, their attendance would not be required.	
<input type="checkbox"/> I give permission for a meeting regarding my child to proceed <b>if I am unable to attend.</b>	
<input type="checkbox"/> I have read and understand the Privacy Notice on page 1***.	
<input type="checkbox"/> I give permission for a university student to participate in a meeting regarding my child. From time to time the Autism Queensland School Advisory Service Team may have university students on placement (Occupational Therapy &/or Speech Pathology). Please tick the box to indicate whether you give permission for such a student to participate in a meeting regarding your child.	
Parent/Guardian Signature	Date

OFFICE USE ONLY  Copy forwarded to Client Registration Date:

AQ Staff Name: