

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 processing, 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 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 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 or contact us on (07) 3273 0000.

CHILD DETAILS			
Full Legal Name			
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 (<i>please specify</i>):		
Postal Address			Postcode
PARENT/GUARDIAN DETAILS			
Parent/Guardian 1	Name		Relationship to Child
	Email*		Phone
Parent/Guardian 2	Name		Relationship to Child
	Email*		Phone
*Please provide at least one email address as email is our preferred method of corresponding with our clients			

PARENT/GUARDIAN CONSENT

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.

Please read, tick, complete and sign to indicate your agreement:

- 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 give permission for Autism Queensland to visit my child at their school during 2022, for the purpose of a School Advisory Service.
- 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.
- I give permission for a meeting regarding my child to proceed **if I am unable to attend**.
- I give consent for my 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.
- I give consent for Therapists/Educators to discuss my child’s learning needs with therapists from other support agencies (DET, Qld Health, private therapists).
- 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.
- I give permission for a university student to participate in a visit regarding my child. From time to time the Autism Queensland may have university therapy students on placement (Occupational Therapy &/or Speech Pathology).
- 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.
- I understand that Autism Queensland collects and records relevant information about my child that is stored and managed in Autism Queensland’s secure database in accordance with Autism Queensland’s [Privacy Policy](#)
- I have read and understand the following Privacy Notice.

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, plan for future services, share information about other AQ services or for research purposes. Without this information Autism Queensland may be unable to provide you with this 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 <https://autismqld.com.au/> or phone (07) 3273 0000.

Parent/Guardian Signature		Date	
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OFFICE USE ONLY	Copy forwarded to CSS <input type="checkbox"/>	Date:	AQ Staff Name:
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