# Children and Students with Disability Program

# Service Referral Form

The Children and Students with Disability Program supports six Non-Government Organisations (NGOs) to provide services to students with disability who require substantial and extensive adjustments to improve their participation and learning outcomes in educational programs. Support services are available from:

* Autism SA
* CanDo4Kids
* Guide Dogs SA
* Orana Australia Ltd
* Novita Children’s Services
* The Benevolent Society (early years support services only)

General and specific service supports provided by these NGOs can include limited and short-term direct service provision to a student and/or support services for school staff connected to the individual needs of a student. This referral form is for direct service provision to students only.

##### Student Eligibility

Children and students with disability who require substantial or extensive adjustments to participate in learning are eligible for referral to this program. Referrals to the program can only be made by schools via this form.

Services can be provided for younger children who are soon to commence preschool or are enrolled in preschool and/or are transitioning to primary school.

##### How to complete the form

This form has two sections:

* Section 1: Student information (including details of eligibility)
* Section 2: Other support services accessed

Please ensure all sections are complete and parent/caregiver consent is attached before returning the form and any associated documentation to: Education.CSWDProgram@sa.gov.au

***Note****: School refers to both preschools and schools, student refers to both children and students with disability.*

***Note****: Government Schools are required to engage Student Support Services for support before a referral to this program is considered.*

##### Section 1: Student Information

|  |  |
| --- | --- |
| Surname: | Given Names: |
| Date of Birth: | Male Female Other  |
| School: | Year level: |
| School contact person: | School contact email: |
| Class teacher:  | Student EDID: |
| NCCD Level of adjustment: Substantial Extensive y |
| Parent/Caregiver Name:Parent/Caregiver contact details: Ph: Email: Please attach parent / caregiver consent for this referral |
| Issues currently impacting on the student’s learning: |
| Support service/s requested: |
| Intended outcome/s of the support service/s being sought: |
| Which CSWD organisation are you seeking support services from? |
| Current adjustments in place: |

##### Section 2: Other support services

|  |
| --- |
| **Government schools**Has the student been referred to Student Support Services? If yes, please provide details including:* Student Support Services Contact details:
	+ Name:
	+ Office:
	+ Telephone:
	+ Email address:
* Support provided by Student Support Services

**Non-Government schools**: Please attach student’s Personalised Learning Plan (or equivalent) |
| Is the student receiving services funded by the National Disability Insurance Scheme? If yes, please provide details: |
| Other external organisations/agencies/services are providing (or previously provided) supports: |