



# Request for Services School Inclusion Program

## General Details

**Note:** The student must be a client of Autism SA to be eligible for this service.

Student Name:  Year level:  Date:  /  /  A/TSI

Is the student in a Unit/Special Class? Yes  No  Diagnosis: Autism  Asperger Syndrome

Name of School:

Address  
Street   
Suburb   
State  Postcode

Phone:  Fax:  Email:

School Contact:

Start/Finish time:  -  Recess:  -  Lunch:  -

Unsuitable times:

Student attendance: Full time  Part time

Does the student have SSO support? If so, when is the support provided?

Autism SA Consultant/Teacher:

Is the student aware of the diagnosis? Yes  No

Has the student had previous support from Autism SA? Yes  No  Date:  /  /

Document Control Information	Autism SA Client Form 9	Page 1 of 3
Endorsed by Management: February 2010	Due for Review: February 2012	
Signed: J Martin	Q:\Policies2007\Manuals\Clients\ClientForms\CLIENT F9 - Request for Services - SIP.doc	



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## Support Details

New diagnosis

New reception

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Prior to returning this form to your consultant please check that all items are completed and the relevant information is attached:

### **1. Negotiated Education or Individual Education plan**

A copy of the most recent NEP/IEP

### **2. Copies of any relevant Allied Health Professionals reports**

Speech Pathologist     Occupational Therapist     Psychologist     Other

3.  Parent/Guardian informed of the application for support

4.  School Inclusion Program Fact Sheet given to parent (this can be downloaded from the Autism SA website)

### **Skills prioritised by school staff for development:**

Skill 1:

Skill 2:

Skill 3:



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**School consent to visit:**

- I give permission for staff from Autism SA to visit our school to support the above mentioned student.
- I agree to provide a space for the Consultant/Developmental Educator to work with the student.
- I agree to provide materials which may be required to work with this student.

Principal's Name:

Signature:

Date:

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**Office Use Only**

Date received

All relevant information attached

Relevant support:      Assessment team       or      Intensive team

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