



Hear and Say's School Setting Visit Service NSO School Consent and Referral Form



The Hear and Say's School Setting visits provide services to eligible deaf and hard of hearing children in Prep and Year One attending State, Catholic and Independent Schools, who have been enrolled in Hear and Say's early intervention program through the Non School Organisations Program <http://education.qld.gov.au/schools/grants/other/non-schools/index.html>. The service is complementary to those supports the child is currently/or has received at Hear and Say as a part of Listening and Spoken Language Therapy and Audiology programs. The service provides information and specialist support for students transitioning into formal schooling.

Hear and Say Listening and Spoken Language Specialists (speech Pathologists or Teachers of the Deaf) work collaboratively with teachers, other school supports and parents to improve educational opportunities and enhance learning outcomes for all children. If you have any questions regarding this consent and referral form please call a member of the Hear and Say team on 07 3850 2111 or email admin@hearandsay.com.au

To be eligible for a school setting visit services from Hear and Say the child must:

- Be enrolled with Hear and Say

Completing this referral form

This form has two parts:

- Part 1: Student details
- Part 2: School details and consent

Please ensure all sections are complete before returning:

- Completed referral form
- Any other information which will assist team

Return this referral form to Hear and Say

Email: mail@hearandsay.com.au

Fax: 07 3366 1803

Postal: PO Box 930 Toowong, Qld 4066

A member of the team will contact you after receiving the completed form.

Consent and Referral forms are available for download from www.hearandsay.com.au/forms

Date:	
PART 1 – STUDENT DETAILS	
Surname:	Given Names:
Date of Birth:	<input type="checkbox"/> Male _____ <input type="checkbox"/> Female _____
School:	School year level:
Home Address:	Postcode:

Does the student access any other supports/services, such as Special Education Program, Advisory Visiting Teacher/Visiting Teacher, Speech Pathology, Occupational Therapy, or Guidance Officer? Please specify:

Outline any current issues or concerns:

Additional Information:

Please provide any further information that may be useful in determining a child's eligibility:

PART 2 – SCHOOL DETAILS			
School Name a			
School Address			
School Email			
Phone Number			
Preferred method of reminder for appointments	Tel <input type="checkbox"/>	Email <input type="checkbox"/>	SMS <input type="checkbox"/>
Name of Contact/Person Making Referral		Position	
Contact Person Email		Phone	
Class Teacher			
School Consent			
I give permission for staff from Hear and Say to visit our school in regards to this student. The Non School Organisations Program requires acknowledgement of Hear and Say's involvement with this student. I confirm that Hear and Say's involvement will be recorded on this student's Individual Plan.			
Principal Name			
Signature			
	Date		