

## Hear for Kids in School Referral Form

The *Hear for Kids in School* program is run by Hear for Kids (an arm of Deaf Services) and provides speech language pathology to eligible deaf and hard of hearing children in Prep, Year One and Year Two, attending State, Catholic and Independent Schools.

The *Hear for Kids in School* therapists work collaboratively with teachers, other school supports and parents to improve educational opportunities and enhance learning outcomes for students.

To be eligible for school support services from *Hear for Kids in School* the student must:

- Be eligible for verification in the category of hearing impairment.
- Be eligible for an Educational Adjustment Profile (EAP).

### How to complete this referral form

This form has three parts:

- Part 1: Student details (including details of eligibility)
- Part 2: Parent/Carer details and consent
- Part 3: School details and consent

Please ensure all sections are complete before returning:

- Completed referral form
- Copy of IEP/ISP (individual student plan)
- Details of verification and EAP status
- Copy of Student's most recent hearing assessment
- Any other information which will assist team, e.g. Recent Therapy Reports

### How to return this referral form

Please return to Hear for Kids:

Email: [info@hearforkids.org.au](mailto:info@hearforkids.org.au)

Fax: 07 3848 3553

Postal: PO Box 465, Moorooka, QLD, 4105

A *Hear for Kids in School* team member will contact you after receiving the completed form. If you have any questions regarding the referral or would like further information please contact Fiona Hansen on 07 3848 0080 or at [info@hearforkids.org.au](mailto:info@hearforkids.org.au).

Date of Referral:

### PART 1 – STUDENT DETAILS

Surname:

Given Names:

Date of Birth:

Male  Female

School:

School year level:

Student's Hearing Status

**Please Provide a Copy of the Students most recent Hearing Assessment / Audiogram**

	No Loss	Mild (21-40dB)	Moderate (41-60dB)	Severe (61-80dB)	Profound (81+dB)
Left Ear					
Right Ear					

When was the student's hearing loss diagnosed? \_\_\_\_\_

Proudly supported by the  
Department of Education

Type of Hearing Loss

- Conductive
- Sensorineural
- Mixed
- Auditory Neuropathy
- Other \_\_\_\_\_

Please indicate which devices the student is using:

- Hearing Aids - Left, right, both
- Cochlear Implants - Left, right, both
- Bone conductor
- FM/Sound Field
- Other \_\_\_\_\_

Please indicate below the support/services the student is currently receiving at school:

- Special Education Program
- Advisory Teachers Deaf & Hard of Hearing
- Speech Language Pathology
- Occupational Therapy
- Guidance Officer
- Learning Support
- Other (please specify) \_\_\_\_\_

Please provide details of the support staff that you would like Hear for Kids to liaise with when providing services to the student: \_\_\_\_\_  
 \_\_\_\_\_

Is the student accessing speech therapy services outside of school? If so please provide details:

Name of Speech Language Pathologist? \_\_\_\_\_  
 Contact Details \_\_\_\_\_

What are the current issues/concerns impacting on the student's learning?

- Speech     Expressive Language (use of language)     Receptive Language (understanding of language)
- Literacy     Listening Skills     Social Skills
- Other, please describe:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Evidence of Eligibility

The following information must be provided in order for *Hear for Kids in School* to visit. Documentation to determine eligibility is required by the program funders, the Department of Education and Training's Non School Organisations Program.

### Verification

Date of Hearing Impairment verification: \_\_\_\_\_

Verified by:

- Education Queensland
- Catholic Education
- Independent Schools Queensland

If the verification process is not yet complete, attach evidence that the student is likely to be eligible for an EAP (such as an EAP form or a copy of 'awaiting verification' status).

### Individual Plan

- A copy of the most recent individual plan is attached (for example IEP, ISP, Individual Curriculum Plan, Behaviour Support Plan)

### Additional Information

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

- Speech Language Assessment Reports
- Occupational Therapy Reports
- Most Recent Audiogram

<b>PART 2 – PARENT/CARER DETAILS</b>	
Parent/Carer Name:	Parent/Carer Name:
Phone Number: Mobile:	Phone Number: Mobile:
Email Contact/s:	
Address	Address (if different to above):
Country of Birth:	
Primary Language spoken at home:	Other Languages:
Interpreter required? Yes / No	Language:

**Parent/Carer Consent**

**Privacy Statement:** Hear for Kids collects, uses and discloses a child’s personal information such as their medical, developmental and educational status and history for the sole purpose of delivering professional services. The information will be kept in a secure location. The information collected will be used by Hear for Kids, Deaf Services Queensland Ltd, the Healthy Hearing Program and Education Queensland. The child’s personal information will not be given to any other person or external body unless consent has been provided or Hear for Kids is required by law to use or disclose such information. Information given to professionals is for the purpose of informing their professional service to the child and they are required to abide by confidentiality guidelines as set out by the relevant professional bodies. De-identified information may be used for reporting and research purposes as required by the Better Start protocols and for dissemination of programme data. To access or seek correction of your personal information or to obtain copies of privacy policies go to [www.deafservicesqld.org.au](http://www.deafservicesqld.org.au), <https://www.health.qld.gov.au/> and <http://deta.qld.gov.au>

**Therapy Permission**

I, \_\_\_\_\_ (parent’s name), parent/guardian of \_\_\_\_\_ (child’s name), give permission for my child/dependent to receive professional services from employees of Hear for Kids (through Speech Language Pathologists and Occupational Therapists).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission To Release/Access Information**

I, \_\_\_\_\_ (parent’s name), parent/guardian of \_\_\_\_\_ (child’s name) give permission for employees of Hear for Kids to contact health, education and other professions involved in my child/dependent’s care and to access information as indicated by professional services provided. I give permission for employees of Hear for Kids to release written and/or verbal information to professionals employed at the organisations involved in my child’s care, for the purpose of optimising diagnostic or therapeutic services. I understand that employees of Hear for Kids will abide by the confidentiality guidelines as set out by relevant professional bodies in the process of exchange of information with professionals/organisations involved in my child’s care. I understand that non-identifiable information may be used for reporting and research purposes as required for the implementation of best practice and for dissemination of program data.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer For Photography And Publicity Purposes**

This is to certify, that I (parent/guardian’s name), \_\_\_\_\_, authorise the employees of Hear for Kids to take photographs and/or make video/audio recordings of my child/dependent, (name) \_\_\_\_\_ as deemed appropriate for the provision of professional services. I acknowledge that the photographs/recordings are taken with my knowledge and consent and that no remuneration will be provided. I understand that:

1. All recordings/photographs will be used for professional services only
2. All recordings/photographs will be kept in a secure place and
3. Only employees of Hear for Kids and their students, if relevant, will have access to the recordings/photographs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART 3 – SCHOOL DETAILS			
School Name			
School Address			
School Postal Address			
School Email			
Phone Number			
Preferred method of reminder for appointments	Phone <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			
<p>I give permission for staff from Hear for Kids to visit our school in regards to this student. I confirm that this student requires a high level of adjustment.</p> <p>The Non School Organisations Program requires acknowledgement of Hear for Kids' involvement with this student in his/her individualised plan. I confirm that Hear for Kids' involvement will be recorded on this student's Individual Plan and that Hear for Kids will be provided with a copy of this Individual Plan.</p> <p>I confirm that Hear for Kids has been listed under "Other Agency" on the EAP Consent/Permission form.</p>			
Principal			
Signature			
Date			