

## Learning Difficulties

# Request for Service

L D S 0 0 1

School / Service/ Organisation

Partnership

Contact Person

Email

Telephone

Fax

Describe the support required and by whom: SSO, teacher, parent, leadership.

What supports are already in place within the site?

What specific support is required?

Advice

Training

Resources

Other, please specify

### Preferred date(s) for support

Full day

Half day

Other, please specify

### This is on a

School closure day

School Holiday

During school hours

After hours eg 4-6pm

### Audience

SSOs

Teachers

Early Childhood workers

Parent/Carers

Leadership

Special Educator

### Preferred Venue

School

DEO, Partnerships Office

SERU

Other, please specify

## Request Verification

Principal/Delegate Name

Principal/Delegate Signature

Date

### Office Use Only

Approved yes / no

Actioned by \_\_\_\_\_

Booking confirmed