

HELP TO COMPLETE THIS FORM

You should only complete this form if the student:

- has been **verified under the Department for Education Disability Support program**
- has a relevant Health Care, Transfer & Positioning Plans

When prescribing equipment, health professionals must consider:

- that the equipment supports access and participation in the curriculum,
- generic equipment available in the SERU Equipment catalogue
- the equipment meets the correct size requirements for the student and takes into account future growth to maximise its length of use
- trial and assessment of the requested equipment on site
- site WHS requirements including usage, maintenance and storage
- Equipment for children/students without a physical disability is limited to support their personal care needs and is only available:
 - on a short term loan – to enable training
 - if a Continence Care Plan is in place

Who contributes information to this form?

The class teacher, learning support team, student, family and allied health professional (Physiotherapist, Occupational Therapist)

Who can submit this form?

This form is completed as a joint submission between site and allied health professional. Sites submit a request, signed by the Principal with relevant documentation attached.

Where is the information drawn from to complete this form?

Student's current Health Care or Transfer and Positioning plan.

Assessment report from allied health professional, taking into account:

- a) main reasons for this submission (including student strengths/needs, functional skills and abilities and details of impairment)
- b) trials undertaken
- c) learning environment and nature of tasks (including description of how access equipment supports student access and participation)

What can be requested?

SERU provides equipment for personal care and curriculum access, including specialised seating, toileting and self-care.

Requests for equipment that are essential for the student's inclusion at pre-school/school and not in our catalogue, will be considered on a case by case basis.

1 Preschool / School Details

Site

Contact person Role

Contact email Telephone Fax

@schools.sa.edu.au

2 Student Details

Name ED ID

DOB Year level Gender **M** **F**

Disability/ies

Relevant Plan(s)

3 Health Professional

Name Organisation

Email Phone

5 Site Verification

I, _____ verify that that the request supports access and participation in the curriculum, has been successfully trialed onsite and that the site will ensure safe operating, maintenance and storage of access equipment.

6 Direct Support

Will the equipment require fitting/adjustments? Yes No If yes, provided by _____

7 Checklist

Relevant Health Care Plan attached Transfer and Positioning plan attached

Successful site trial undertaken All signatures entered

REQUEST COMPLETED. Principal signature required prior to submission.

Principal Name

Principal Signature

OFFICE USE ONLY

APPROVED

NOT APPROVED

8 Health Professional Documentation

Student name

Student background information *(eg mobility and postural skills, level of independence, current equipment etc)*

Equipment requested *(incl model, size, accessories, diagrams etc)*

Has the requested equipment been trialled on site?	Yes	No
Trial undertaken with loan equipment from	SERU	Other <i>(specify)</i>

CONSIDERATIONS

Student's needs *(eg physical access, personal care etc)*

Access and participation in the curriculum

WHS considerations *(site usage, storage, maintenance)*

Is item requested to replace existing SERU equipment? Yes No

Other equipment trialled Suitability

5 AHP Verification

I, _____ verify that that a trial has been successfully undertaken on site for the requested equipment and that full consideration has been given to the type and specification of equipment requested.

Signature