



**Statewide Support Service
CONSENT/REFERRAL FORM**

SASSVI Advisory Teachers are employed by DfE to work with site staff and families to identify needs, develop programs and strategies, build capacity and provide advice regarding curriculum adjustments.

The Advisory Teacher may provide resource materials and professional learning to teachers, SSOs and parents/caregivers.

STUDENT DETAILS

Surname: _____ Given Name: _____

Date of Birth: _____ Gender: **M** / **F** Telephone No : _____

Address: _____ Post Code: _____

Parent(s)/Caregiver(s) Name: _____

Pre/School: _____ Yr Level: _____

Email: _____

Note: For this referral to proceed a copy of a recent ophthalmologist report is required.

OTHER AGENCIES/SERVICES INVOLVED

CanDo4Kids Guide Dogs Association Royal Society for the Blind

Ophthalmologist _____

Hospital/Clinic _____

PARENT/CAREGIVER CONSENT

1. I consent to my child having support from SASSVI Statewide Support Service.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. I give permission for medical details relevant to my child to be released to SASSVI.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. I consent to the exchange of relevant information with agencies/services listed above.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Parent/Caregiver Signature _____ Date _____

Name (please print) _____

Please return to
Principal
SA School and Services for Vision Impaired
1B Duncan Avenue
Park Holme SA 5043