# Education Support Request

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| The Education Support Request is for additional education and training support for students in the Lifetime Care and Support Scheme.  **This form is to be completed by the school or education authority.**  Once completed please e-mail this form to: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) and include the following in the subject header: Education Support Request [Child’s name and participant number] [icare contact name]. |

## Part 1. General Information

### 1.1 Student information

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| --- | --- | --- | --- | --- |
| Student’s name | | Participant number | | |
|  | |  | | |
| Address line 1 (Street address, P.O Box, company, c/o) | | |  | |
|  | | | | |
| Address line 2 (Street address, P.O Box, company, c/o) | | | | |
|  | | | | |
| City | State/Province/Region | | | Zip/Postal code |
|  |  | | |  |
| Contact name (parent / guardian) | | Phone | | |
|  | |  | | |
| Age | | Current year / level (for the period requested) | | |
|  | |  | | |
| Education facility | |  | | |
|  | | | | |

### 1.2 Education Support Request Dates

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| --- | --- | --- | --- |
| Semester 1 and / or  Semester 2 | |  | |
| Number of weeks | Start date | | End date |
|  | Click or tap to enter a date. | | Click or tap to enter a date. |
| Next review date (must be at least 3 weeks prior to the expiration of proposed support period) | | | |
| Click or tap to enter a date. | | | |

### 1.3 Request Developed By

|  |  |
| --- | --- |
| Name | Position |
|  |  |
| Email | Phone |
|  |  |
| Signature | Date |
| Signature field | Click or tap to enter a date. |

## Part 2. Previous Education Support Provided

### 2.1 Previous Lifetime Care education support funding

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| Has the student received Lifetime Care education support funding previously? |
| Yes  No  Period: |
| How was this funding used by the school? Indicate adjustments made |
|  |
| What impact did this funding have? |
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## Part 3. School / Education facility supports

### 3.1 Does the school provide adjustments to support the student? Yes No

What level of adjustment was the student recorded as receiving in the most recent Nationally Consistent Collection of Data (NCCD) on School Students with disability?

|  |  |  |
| --- | --- | --- |
| Identify below: | | |
| 1. Quality differentiated teaching | Yes | No |
| 1. Supplementary | Yes | No |
| 1. Substantial | Yes | No |
| 1. Extensive | Yes | No |
| 1. Was not included in the last Nationally Consistent Collection of data | Yes | No |

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| Briefly describe the adjustments currently being implemented |
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### 3.2 Targeted Support

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| Targeted support includes additional funding provided to the school to support the student’s learning and/or placement in a specialist support class, unit or school and /or support from a specialist itinerant or consultant teacher. |

Is the student eligible for targeted support?  Yes  No

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| --- |
| If **YES** what targeted support does the student receive? |
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| If **NO** what targeted support does the student receive? |
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## Part 4. School / Education facility supports

### 4.1 Does the student have any injury related learning needs that are unable to be met by the above adjustments and additional funding described in Part 3?

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| --- |
| Yes  No |
| If **YES** please describe these? |
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### 4.2 Complete the table below to request additional supports that the student requires, as described in 4.1 above. Please provide sufficient detail to support the request.

Only include supports for services that can’t be met by resources available through the school or education facility, and that are for learning needs that are a result of the student’s motor accident injury.

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| --- | --- | --- | --- |
| **What support is required?** | **How will the impact of the support be measured?** | **Who will provide the support?**  **Provider name**  **Organisation *(Billing as)***  **Address & Phone** | **Cost of the proposed support/ service**  **(incl. GST)** |
|  |  |  |  |
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|  |  |  |  |
|  |  | **TOTAL COST** |  |

### 4.3 Planned Absences

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| --- | --- | --- |
| Are you aware of any planned absences of this student during this semester / period? | |  |
| Yes  No | Dates: | |

### 4.4 Attachments

Information on applications for funding support from the education authority

Most recent school report

Individual education plan

Other, please specify:

## Part 5. Endorsement of Education Support Request

### 5.1 Endorsed By Principal, acknowledging that all available resources have been accessed from the education authority and this request is for additional services to those that the student is entitled to under the state or federal legislation administered by the relevant Education Authority.

|  |  |
| --- | --- |
| Name | Signature |
|  | Signature field |
| Position | Date |
|  | Click or tap to enter a date. |

### 5.2 This request has been developed in consultation with:

|  |  |  |  |
| --- | --- | --- | --- |
| The student | Yes | No | Date: Click or tap to enter a date. |
| Student parents or guardians | Yes | No | Date: Click or tap to enter a date. |
| Student’s teacher | Yes | No | Date: Click or tap to enter a date. |
| School principal or head | Yes | No | Date: Click or tap to enter a date. |
| Student’s case manager | Yes | No | Date: Click or tap to enter a date. |
| Lifetime Care Contact | Yes | No | Date: Click or tap to enter a date. |
| Other: | Yes | No | Date: Click or tap to enter a date. |

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| --- | --- | --- |
| Payment codes for icare Lifetime Care use only | | |
| LTCS407 | Education Support Services | Includes the provision of education support services to schools or education facilities to assist participants to return to school or study and any additional required identified services that can’t be met by the school or education facility. Services can include specialised learning programs, teacher’s aide services, teacher release for planning. |

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|  | **Lifetime Care** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |