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Priorities in Speech–Language Therapy Services
in State Schools

Revised Edition
2012
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1 Introduction


Speech–language pathologists recognise the right of individuals to have equitable access to the services they provide. However, it is also acknowledged there may be a requirement for service prioritisation based on available resources.

Prioritisation is the process used to maximise a service within available resources – it is a decision making process to create sustainable integrated services. A sustainable integrated service involves a combination of demand management, workload management and service co-ordination.

Demand management creates a need or demand for effective services, and reduces demand for ineffective services. Workload management ensures that the time needed to perform the required mix of activities is consistent with the time available. The third component is co-ordination of services with other internal services and external organisations. A summary of information from the available literature on these areas is in Appendix one.

1.1 Purpose

Prioritisation of speech–language therapy services needs to be considered at many levels including state-wide, regionally, across schools and within individual schools. This document provides a framework to assist key personnel at all levels to make appropriate decisions about prioritising the array of speech–language therapy services to most effectively meet the identified needs of students within and across schools.

This document recognises the diverse communities across the state and that schools, local areas and regions must match their decisions to the needs of their schools and broader communities. It does not aim to prescribe specific decision-making processes and tools that key personnel must utilise, but rather aims to provide a framework of principles and factors on which school and regional decision-making processes should be based.

1.2 Context

Speech–Language Therapy Services in State Schools – Revised edition (The State of Queensland (Department of Education and Training) 2010) broadly outlines the purpose and management of speech–language therapy services in the Department of Education and Training, and the associated roles and responsibilities. The department is committed to the provision of speech–language therapy services for students requiring support in the areas of communication and/or mealtime management. Inclusive education provides the opportunity for all students to participate fully in the educational and social experiences of schools. Speech–language therapy services are integral to inclusive education.
Priorities in Speech–Language Therapy Services in State Schools focuses on how schools and regions can make appropriate decisions in the management of speech–language therapy services that:

- support flexible, responsive and innovative services to meet the diverse needs of individual schools
- develop schools’ capacity to identify and meet students’ needs
- enhance the curriculum and educational programs for students with special needs in communication
- provide processes to assist regions and schools in managing the resources to meet the needs of these students
- improve schools’ capacity to meet needs through skilling the workforce
- strengthen school and community partnerships.

The application of the following principles\(^1\) ensures a common framework in the prioritisation process of speech–language therapy services. The management and prioritisation of speech–language therapy services requires:

- a local area decision making process
- communication with others, including parents and caregivers, about the process and reasons for decisions
- student information
- professional reasoning and sound and accountable decision-making
- team decision-making based on shared responsibility for student outcomes
- regular review and negotiation
- all decision-making processes to be transparent and accountable.

A local area process, within and across schools, is necessary to:

- provide an efficient and effective speech–language therapy service
- identify school and student needs in speech, language, communication and mealtime management
- contribute to appropriate and relevant decision-making within schools
- ensure a reasonable workload for the speech–language pathologist.

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\(^1\) Adapted from Priorities in practice: A manual for occupational therapists and physiotherapists (The State of Queensland (Department of Education) 2000)
2 State level management

The Department of Education and Training (DET, the department) provides speech–language therapy services to students enrolled in State education institutions or children registered for Early Childhood Development Programs and services through the employment of speech–language pathologists. The state-funded speech–language pathologist positions are public service positions and form part of the public service establishment of Education Queensland.

2.1 Legislative responsibilities

Ensuring education programs are responsive to the individual needs of students and young people, under section 5(2) (c) is one of the main aspects of achieving the objectives of the Education (General Provisions) Act 2006. Speech–language therapy services assist schools to plan and implement education programs that are responsive to the communication and swallowing needs of students.

Principals, as the managers of State schools, have a number of responsibilities under the Education (General Provisions) Regulation 2006 that are particularly relevant to the provision of speech-language therapy services including:

- ensuring effective, efficient and appropriate management of public resources: s5(2)(a)
- supporting and monitoring the academic progress of students: s5(2)(c)
- promoting educational practices at the institution that lead to the improvement of student learning outcomes: s5(3)(a)
- promoting continuous evaluation and improvement of the institution’s operations and delivery of services: s5(3)(d)
- allocating and supervising the work of each staff member: s6(a).

In line with the Disability Standards for Education 2005, schools must ensure learners with disabilities have access to specialised support services if necessary to be able to participate in education and training.

The principal should determine if the learning experiences of some students should include specialised support services provided by a speech–language pathologist.

2.2 State-wide speech–language therapy provision to regions

The availability of positions is determined in line with the parameters model used for all special education staffing. Human Resources Branch, in consultation with the Disability Services Support Unit and regional senior speech–language pathologists, determines the distribution of the available state-funded speech–language pathologist positions to each
region. The available speech–language pathologist positions provide support for students with special needs in communication including students with verified disability. The processes for distributing positions to regions should be reviewed regularly to ensure the ongoing efficiency and effectiveness of the speech–language therapy service as a whole.

Speech–language pathologist positions are distributed proportionally to regions based on:

- school enrolment numbers
- numbers of students whose special education support needs have been verified in the Education Adjustment Program or who are registered for Early Childhood Development Programs and services
- weighting for time and travel to deliver services
- maximising positions in some rural and remote locations to support attraction, recruitment and retention of staff.

3 Region level management

_The Handbook for Management of Special Education Programs and Services in Primary and Secondary Schools_ provides a point of reference to guide regional strategic planning processes for the delivery of special education programs and services for students with disabilities.

Speech–language therapy services are one aspect of special education programs and services. The Regional Director (or delegate) ensures the provision of efficient, effective and accountable speech–language therapy services in the region through collaboration with relevant regional staff, the regional senior speech–language pathologist, and with advice from the Principal Advisor - Speech–Language Therapy.

The regional senior speech–language pathologists, through collaborative regional processes are responsible for the equitable distribution of speech–language therapy staffing. This distribution may consider:

- school enrolment numbers
- measures of educational need
- number of schools
- number of students whose special education support needs have been verified
- type of facilities, e.g. primary, secondary or special school, special education programs
- optimal speech–language pathologist workload
- geographic factors
• weightings for disability/difficulty type which may come from impairment information or profile information
• travel time required to deliver the service
• factors specific to the region (e.g. students at risk, Indigenous students, regional models for student services)
• specialised skills of individual speech–language pathologists or succession planning for services to specific populations
• continuity of service
• other relevant factors.

The efficiency and effectiveness of the service provided in the region may be addressed through a designated regional management group, which may include speech–language pathologists, line managers, regional senior speech–language pathologists and principal representatives. This group would consider the development of appropriate regional procedures and processes that will take into account:

• needs of the area
• number of students receiving services
• service delivery models to be used
• coordination of service delivery on a cluster basis
• range of other activities supporting programs
• administrative and resource support needs
• travel requirements
• training and development needs
• processes to enhance the team approach
• vacancy management
• other relevant factors.

The designated regional management group should monitor and review the service to ensure its ongoing efficiency and effectiveness. Regions will respond to vacancies by considering local area needs and a range of appropriate strategies. Regional vacancy management strategies should be communicated to all schools.
4 School level management

Speech–language pathologists are responsible for providing services to schools to support students with special needs in communication. These services are usually provided across a number of Education Queensland institutions.

Some aspects of service provision may be more efficiently delivered across a number of schools. This is often the case with strategies that address demand management or where very limited time is available. Implementation of any cross-school services should involve prior consultation with all schools that may be involved. Service management including service improvement also needs to be considered as a cross-school activity.

The speech–language pathologist in consultation with the regional senior speech–language pathologist and the line manager should negotiate cross-school services including:

- more effective use of limited amounts of speech–language therapy time
- facilitating cooperation across schools, i.e. local area planning
- identifying and supporting particular areas of need identified across schools, e.g. Australian Early Development Index (AEDI) data, students at risk, students with disabilities, Indigenous students or students with behaviour support needs
- service management including service negotiation, travel, and interagency liaison
- attending and providing training and development activities
- quality improvement activities such as record keeping, research projects and performance planning and review
- resource acquisition, development and maintenance.

4.1 Identifying school needs

Individual schools need to consider a number of factors, in collaboration with the speech–language pathologist, when determining the management and use of available speech–language therapy services. In many schools this collaborative decision making process is managed by a group such as a Special Needs Committee. School processes should be accountable and transparent. While decisions may be made by a group, the principal retains responsibility for the overall management of all school processes. The diagram on the following page shows the various aspects of all factors to consider.

When identifying school needs, teams should consider a range of data including student achievement and numbers of students identified with difficulties in spoken communication. Data is collected at various intervals throughout a school year and therefore school teams require reviews of prioritisation decisions during and across years. Clearly identified processes to collect, analyse, report and monitor student needs will assist schools in making strategic decisions to enhance student outcomes. The school speech–language pathologist is an integral member of the team making these decisions.
Figure 1 Factors for schools to consider in prioritisation of speech-language therapy services
The range of data that schools should consider may include:

- systemic data such as National Assessment Program - Literacy and Numeracy (NAPLAN), AEDI or census data
- school-based data such as internal monitoring, anecdotal records or screening processes
- other data such as reports from external agencies, parent input or initial Prep screening.

4.2 The array of speech–language therapy services in schools

An appropriate array of services enables speech–language pathologists to support educational outcomes for students with special needs in communication. To determine the most appropriate mix of services, schools will use data together with an awareness of the range of supports available within the school. Services to schools by the speech–language pathologist may include:

- The identification of students with special needs in communication - the speech–language pathologist may assist schools to collect data on the spoken communication skills of students to support school and teacher planning.
- Assessments - following referral the speech–language pathologist may use a range of formal and informal assessments to determine and document the student’s communication needs.
- Report provision - the speech–language pathologist will provide student information in the form of verbal and/or written reports to school personnel, parents and other agencies. This may occur following assessment, intervention and/or monitoring.
- Teacher consultation/collaborative planning - the speech–language pathologist may assist with goal setting and/or planning student programs with the class teacher and other school personnel.
- Group therapy programs - students may receive speech–language therapy intervention in a group. The group will consist of students with similar communication profiles. The speech–language pathologist determines the period of intervention in consultation with team members.
- Class-based programs - the speech–language pathologist may work with the teacher and/or staff to cooperatively plan, implement, modify and review class programs to target communication skills.
- Facilitated programs - the speech–language pathologist may provide a program for a student or small group of students, which will be implemented by a facilitator (e.g. parent, teacher aide, volunteer). The speech–language pathologist monitors and reviews the program in consultation with team members.
• Individual therapy programs - students may receive speech–language therapy intervention in an individual session with or without parent attendance. Follow up is provided by parents/teachers/ teacher aides/others. The speech–language pathologist determines the period of intervention in consultation with team members.

• School-based programs - the speech–language pathologist may assist schools in the development of school-based programs across year levels or phases of learning, aimed at enhancing students’ speech and language skills. A range of school personnel including teacher aides, trained volunteers, Support Teachers - Literacy and Numeracy [STs(LaN)] or the speech–language pathologist, may implement programs.

• School procedures - the speech–language pathologist may assist with developing and implementing school procedures (e.g. procedures for supporting students with eating and drinking difficulties during lunch and snack times so that they can complete these activities with their peers safely and in a timely manner).

• Support for systemic requirements (e.g. Education Adjustment Program) - these may include information gathering, formal and informal assessment, diagnosis, intervention, monitoring and reporting.

• Provision of training and professional development activities - the speech–language pathologist may offer professional development opportunities to school personnel to aid in the implementation of speech–language therapy programs, and understanding the needs of and supporting students with special needs in communication.

• Resource support/material development - the speech–language pathologist may assist schools in accessing and/or developing specialised resource materials.

• Liaison with other agencies - the speech–language pathologist may liaise with other agencies to assist schools with student support.

Many of these services can be enhanced by or delivered through the application of information and communication technologies (ICTs).

4.3 The capacity of the Speech–Language Pathologist

The capacity of the speech–language pathologist to provide the possible mix of services should be taken into account. Factors to be considered include:

• available time of the speech–language pathologist across all facilities
• range of special needs in communication among students
• range of educational facilities (early special education programs, primary, special, secondary)
• number of facilities serviced by the speech–language pathologist
• the ability to run professional development across a number of schools
• distance and time required for travel
• array of services requested
• preferred professional way of working of the speech–language pathologist in negotiation with schools
• time for administration and resource preparation
• experience of the speech–language pathologist
• ongoing training and development in professional and systemic areas
• resources available (human and material - including technology)
• training in use of technology to support delivery of SLT services
• other relevant factors.

4.4 Other school capacity to meet needs

Successful implementation of programs and services will require a range of supports that the school will need to manage including:

4.4.1 Human resources:
• the knowledge and skills of the class teacher/s
• the knowledge and skills of the teacher aide/s
• the availability, knowledge and skills of other school support personnel e.g. specialist teachers, STs(LaN), Advisory Visiting Teachers (AVTs).

4.4.2 Operational factors:
• the capacity of the school to utilise operational factors to best meet identified needs e.g. grouping of students, student class placement flexibility, timetable flexibility, class location flexibility
• the capacity of the school to effectively share resources such as assistive technology and appropriate software.

4.4.3 Material/financial resources:
• the capacity of the school to provide professional development for staff
• the capacity of the school to purchase resources to support students, such as recommended programs and equipment or teacher aide time for program implementation
• the capacity of the school to provide technology resources and support.

4.5 Other agencies

Other government and non-government agencies may provide speech–language therapy services to students in schools and/or work in partnership with Education Queensland in providing a coordinated service. Complementary service provision requires careful consideration of the role and focus of each service provider. Service coordination promotes efficiency and effectiveness and results in enhanced educational outcomes.

Services are complementary when:

• the combination of services results in holistic service delivery for the student and family
• care is taken to ensure that unnecessary gaps or duplication do not occur.

Other agencies include:

• Cerebral Palsy League of Queensland
• Montrose Access
• Autism Queensland Inc.
• Association for Childhood Language and Related Disorders (ChiLD) including The Glenleighden School and LET’S TALK outreach services
• AEIOU Foundation
• Vision Australia
• Other organisations funded to support the education of students with a disability by the Non School Organisation
• Queensland Health (e.g. Child and Youth Mental Health Services, hospitals, Community Health Services)
• Disability Services
• Queensland Bush Children’s Services
• Private speech pathologists.

4.6 Determining the mix of services to meet school needs

Speech–language pathologists contribute to a whole-school approach to improvement that directs support to different needs in response to student achievement data (Education Queensland 2011). Provision of a quality service requires the speech–language pathologist to perform a wide range of activities across the three layers of programming.
The school, in collaboration with the speech–language pathologist, will document and maintain a record of the agreed mix of speech–language therapy support to meet identified needs. This may be recorded in a variety of formats, which may include a service delivery plan or a daily, semester or yearly summary.

When determining the array of services to match the identified school needs, a school team should consider the services that support oral language across the different layers of programming – explicit programming for all students, targeted programming for some students or individualised programming.

4.6.1 Priorities to support explicit programming for all students

Schools should consider the following factors in determining priorities for school services that may or may not relate to an individual student:

- NAPLAN results
- early intervention or preventative programs
- building school resources and skills, e.g. training others to implement programs
- ongoing training and development of staff
- curriculum planning such as whole-school oral language planning
- whole-school responses to communication or mealtime management needs, e.g. school eating and drinking framework
- other relevant factors.

4.6.2 Priorities to support targeted programming for some students

Some students may require some targeted support if the explicit instruction to support spoken language does not result in improved student outcomes. This targeted support may occur as part of small-group additional teacher instruction or through small-group or individual activities with a trained facilitator. Schools should consider:

- school data gathering to identify students requiring instruction additional to core support
- selection or development of programs for small-group intervention with a facilitator
- strategies for teachers to use based on identified needs
- assisting with adjustments to planning, pedagogy or assessments for identified student cohorts
- training and support of facilitators of targeted programs.
4.6.3 Priorities to support individualised programming

The prioritisation of individual students should be considered to be a regular part of good school practice. Schools and speech–language pathologists should develop proactive measures and ongoing review of service priorities. No single factor should be taken as an indicator of priority rating, or alternatively as a reason not to prioritise a student for speech–language therapy support. Students who access support from other agencies or private therapists should not be excluded from school prioritisation processes.

Schools should consider the following factors in the identification and prioritisation of students for speech–language therapy programs and services:

- educational implications, i.e. the impact of the student’s communication on their ability to access and participate in the curriculum and other areas of school life
- teacher report of current classroom communication skills
- information from available school data
- nature of the communication or oro-motor difficulty
- level of teacher concern
- need for techniques specific to a speech–language pathologist, i.e. students with difficulties that can only be supported by a speech–language pathologist
- previous speech–language therapy support, i.e. information from other speech–language pathologists from Education Queensland and other agencies should be sought when any further referral for assessment or support is being considered
- information and existing support being provided to a student by other Education Queensland personnel (e.g. guidance officer, STs(LaN), teachers of English as a Second Language) and personnel from other agencies
- Education Adjustment Program processes including initial verification, reviews and support to select and implement adjustments
- program planning and support, i.e. students who require speech–language pathologist input for Individual Support Plans
- information required for educational program planning
- anticipated outcomes of support for students, classroom, school and community, e.g. the student’s prognosis or likely outcomes, previous progress, readiness for therapy support, availability of a facilitator
- priority groups across year levels e.g. oral language intervention for prep classes
- other Education Queensland support, i.e. current support within Education Queensland (e.g. STs(LaN), special education teacher, AVT, teacher aide, teachers of English as a Second Language) being provided to a student
• other relevant factors, e.g. medical diagnosis, health and safety issues, or students from culturally and linguistic diverse backgrounds.

### 4.7 Approval to provide support to specific students

Schools are responsible for obtaining current written parental consent for individualised speech–language therapy services. It is expected that schools will also inform parents of the nature of the speech–language therapy services to be provided to their child. Consent should be sought just before the commencement of the prioritised service for that student. Parent consent is considered to be current for twelve months from the date of signing. Care must be taken to ensure that all custodial arrangements have been taken into consideration in obtaining the necessary signatures. As the parent consent forms collect personal information the form must contain a statement about the collection, use and disclosure of the information as required by the *Information Privacy Act 2009*. The recommended parent consent form is in *Appendix Two*.

If a student has the capacity (maturity, understanding and intelligence) to provide informed consent to receive speech–language therapy services, then parental consent will not be required. Age alone is not a determinant of a person’s capacity to provide consent. Students who have the necessary maturity, understanding and intelligence to make decisions about their education and health do not legally require the consent of their parents.

The principal is required to approve the provision of speech–language therapy support for specific students at that school. This is recorded on the parent consent form of each student.

The speech–language pathologist must maintain an individual student file that details all services provided, and all communication relating to those services. It is the responsibility of the school to ensure that all information about an individual student provided by the speech–language pathologist to the school is stored, accessed and disclosed in a manner consistent with information privacy principles.

The recommended process for the delivery of individualised speech–language therapy services including, service request, consent, approval and reporting is in *Appendix Three*. The issues related to the electronic capture and transmission of the necessary consent, approvals and reporting are governed by IFM-PR-008: *Managing the Department’s Records* and related procedures.

### 5 Complaints management

The Department of Education and Training Procedure Register outlines a framework for the complaints management process for state schools in CMR-PR-001: *Complaints Management - State Schools*. This procedure should be applied when dealing with any complaints regarding the prioritisation procedures used within the Speech–Language Therapy Service.

Complaints relating to the section *Management of speech–language therapy services: State and region level* should be initially directed to the regional senior speech–language
pathologist. If the attempt to resolve the matter has not been successful and further action is warranted, the matter should be directed to the Regional Director.

Complaints relating to the section School level management should be initially directed to the school principal. If the attempt to resolve the matter within the school has not been successful and further action is warranted, the matter should be directed to the Regional Director.

6 Information sources


Summary of relevant literature on prioritisation

The available literature addresses the three areas of demand management, workload management and service management.

Demand management is the response to the need to:

- deliver a timely service across multiple sites in the face of increasing demand and
- maintain quality evidence-based practice (Bryant, 2007).

The aim is to deliver the right amount of the right type of support by the right provider in the right setting at the right time (Mohler & Harris, 1998). Demand management includes management of inappropriate demand for services that are not necessary as well as lack of demand for services that are indicated. It requires influencing demand as well as responding to demand.

Effective demand management involves identifying how decisions are made and influencing the demand, to ensure that the service is cost-effective, accessible and of a high quality (Bundy, 2008). This is achieved by adequately informing service users of the following:

- when to appropriately access the service
- how and when to implement the service
- how to help themselves before accessing the service
- changing perceptions of what is therapy by describing the different types of services in meaningful and positive ways.

Workload management involves the determination of the mix of the different aspects of work; the combination of direct, indirect and consultative services (Bundy, 2008) as well as the work associated with demand management and service co-ordination. Workload management requires a continuous cycle of analysis and planning to ensure that the time is available for all activities and that the workload is 'balanced'. It requires balancing preventative interventions against the management of existing disorders, the pre-scheduled service against the unexpected emergency, the potential for natural improvement against the risk of deterioration. Some services are intended to be preventative while others may provide a more cost-effective delivery of an assessment or intervention service. It is important to be clear about the purpose and anticipated benefit of the proposed service and that all practices are evaluated to monitor outcomes.

Once the relative proportion of resources to be allocated to each type of service has been determined then there is often a need to prioritise within each type of service. Roulstone (2007) suggests prioritisation is a process of description, evaluation and judgement of significance – the presenting behaviours and history are balanced alongside the context to determine individual prioritisation status.
Prioritisation is essentially a decision–making process (Petheram & Roulstone, 2007). The usual steps in a typical process are considered to be:

1. Define the issue.
2. Identify decision criteria.
3. Allocate weights to the criteria.
4. Develop possible courses of action.
5. Evaluate possible actions in relation to the criteria.
6. Choose action with maximum value.

According to the authors, this approach assumes the issue is clear and unambiguous; the criteria are agreed and can be ranked and weighted; and all courses of action are both known and feasible in terms of cost, and ethical and other constraints.

Prioritisation cannot be seen simply in terms of the individual factors relating to the individual student but must also take account of system factors as well as the local, state and national socio-political context. Evidence of effectiveness and service user demands will also affect decisions. The effective determination of priorities will require collaboration and negotiation. The speech pathology profession in Australia provides some general principles regarding prioritisation (Speech Pathology Australia, 2001).

Provision of service is complex, so simple solutions are improbable and it is very unlikely that a single approach will be universally applicable (Lindsay, 2007). Formal policies and procedures can only cope with the foreseeable, however, there will always be issues that are unforeseen and different in detail from the original scenario. Therefore there must be scope within any process for professional judgement and discretion.

Service co-ordination is required as decisions within one service obviously interact within that service and with other services (Petheram & Roulstone, 2007). Effective service co-ordination will require collaboration in the development of processes and dissemination of the agreed model. According to Bundy (2008) there is little research to inform cross-agency management, and she concedes that interpretation of such research would be difficult given significant variations in service structures and legislative frameworks.

Effective demand management and workload management combined with effective service coordination will improve access to services and improve management of resources within the service.

While schools prioritise resources in a range of different ways, McCartney (1999) notes that there may be resistance by school staff to a prioritisation process as these concepts are not fundamental within schools, where access to educational provision and an agreed curriculum is provided to all students.
References


**PRIVACY STATEMENT**

The Department of Education and Training is collecting personal information regarding the student/child and yourself in accordance with the Education (General Provisions) Act 2006 in order to provide a speech-language therapy service that supports an education program that is responsive to your child’s individual needs. The information will only be accessed by authorised Education Queensland personnel to support the education program or for aspects of the student’s health and safety identified by the speech-language pathologist. Non-identifying information may be used to contribute to quality assurance processes within the Education Queensland Speech-Language Therapy Service. In accordance with section 426 of the Education (General Provisions) Act 2006 and the Information Privacy Act 2009 this information will not be given to any other person or agency unless you have given us permission or we are required by law.

<table>
<thead>
<tr>
<th>Student/child name:</th>
<th>Date of birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Teacher:</td>
<td>Class:</td>
</tr>
</tbody>
</table>

To assist in planning and implementing an educational program responsive to the needs of the student/child, the school team want to request support from the departmental speech-language therapy service available at the school.

Principal’s name:
Principal’s signature: sign here
Date: __________
Phone: __________
Email: __________

The school team has identified that support may be required in one or more of the following areas:

- [ ] Language
- [ ] Voice
- [ ] Listening
- [ ] Speech
- [ ] Fluency (Stuttering)
- [ ] Literacy related skills
- [ ] Swallowing
- [ ] Augmentative and alternative communication
- [ ] Other (please specify)

Please indicate how concerned you are about your child’s communication or swallowing at home:

- [ ] not concerned
- [ ] mildly concerned
- [ ] somewhat concerned
- [ ] quite concerned
- [ ] extremely concerned

Comments: __________

Before this support can commence the following information and consent to proceed is required.

Cultural and language background

Does your child identify as Aboriginal?  [ ] YES  [ ] NO
Does your child identify as Torres Strait Islander?  [ ] YES  [ ] NO

Languages other than English spoken at home:

Parent/Guardian contact details

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td>Guardian</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Preferred future contact by the speech-language pathologist is with [ ] father  [ ] mother  [ ] guardian  [ ] other

Preferred contact by [ ] face to face meeting  [ ] telephone  [ ] email  [ ] written communication to home  [ ] other

Comments: __________
Please indicate if your child has been assessed by any of the following professionals. If yes, please provide details of agency, name/s, date of assessment and if possible provide a copy of any relevant reports. If the professional is a private provider please put private in the Agency section. If you do not have copies of relevant reports, please indicate if the Education Queensland speech-language pathologist may contact the professional to obtain copies of reports.

- **Speech Pathologist**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Guidance Officer/psychologist**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Paediatrician**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Occupational Therapist**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Physiotherapist**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Ear, Nose and Throat specialist**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

- **Other Agency / Specialist:**
  - Agency: 
  - Name: 
  - Date: 
  - May obtain report Yes/No

Has your child had a hearing test?  □ YES  □ NO

Results: 

**CONSENT AND ACKNOWLEDGMENT**

The student named on page one of this form and/or the parent/guardian must read and understand clauses a)-c) below prior to signing and dating where indicated.

a) **Consent to provide an Education Queensland speech-language therapy service**

The Education Queensland speech-language pathologist can only provide a service if the student and/or parent/carer consent to the provision of the service.

- ♦ I consent to an Education Queensland speech-language pathologist providing a speech-language therapy service to the student. This service is to ensure that the education program is responsive to the student’s communication and/or swallowing needs. I understand that:
  - An assessment of the student’s communication and/or swallowing skills may be completed by the speech-language pathologist as part of this service.
  - A speech-language therapy service does not necessarily mean that ongoing direct support will be provided.

b) **Consent to request copies of reports of services provided by other professionals**

The student’s personal information held by other agencies indicated on this form informs the assessment process. If copies of relevant reports have not been provided, consent is required to obtain copies of the reports from the relevant agencies.

- ♦ I consent to an Education Queensland speech-language pathologist requesting copies of reports and information relevant to the student’s communication and/or swallowing from the agencies as indicated. I understand that this may involve discussions about my child with relevant personnel from the other agencies.

- ♦ I consent to a copy of this page being sent to these agencies as a record that I agree to the information being provided to an Education Queensland speech-language pathologist.

c) **Consent to use student’s personal information**

The student’s personal information collected as part of the service may be used and disclosed for the purpose of assessing and reporting communication and/or swallowing abilities and determining support options for the student.

- ♦ I consent to the recording, use or disclosure of the student’s personal information for the abovementioned purposes. I understand that:
  - Photographic, audio, or video material may form a part of the records or assessment. Collecting the information in these ways is to assist with identification of the student and to provide samples of the student’s communication or swallowing skills for later analysis and comparisons.
  - A report of the service delivered by the speech-language pathologist will be provided to the school for relevant staff to use in the planning and implementation of the student’s educational program. A copy of the report will be provided to me.
  - The student’s personal information will not be provided to external agencies or professionals, without my consent. I will be asked for my consent should reports need to be sent to others.

**Student Name: __________________________ Date of birth: / /**

**Signature:** sign here 

**Date:**

*The student should only consent / sign this form if appropriate.*

**Parent/Guardian Name: __________________________ Date: / /

**Signature:** sign here
Appendix Three

Process for request, consent, approval and reporting for individualised speech-language therapy (SLT) services in Education Queensland

Class teacher/team decides that a request for SLT service is warranted

Request for Support Form completed by a member of the education team (usually class teacher)

Student prioritised for individualised SLT support through agreed school/region process

Principal of school approves request

Consent Form signed by Principal of school and parent and Request for Support Form are given or sent (via fax or post) to nominated SLP

Signed Consent Form and Request for Support Form can be transmitted electronically by departmental email as long as the documents are protected from unauthorised access, amendment or disclosure. Originals must be retained.

An unsigned Request for Support Form can be emailed to the Principal (*see note below). The original signed Request for Support Form and Consent Form must be retained by the school.

 Consent Form is completed, signed and returned to the school by the parent.

Consent to proceed with request is required from a parent or the student.

The speech-language pathologist (SLP) receives Request for Support Form and Consent Form and processes request

SLP provides negotiated service to student

SLP provides Report of Service to relevant members of the education team

A signed original of the report is provided to the class teacher through the Principal of the school and a signed original of the report is also placed in the SLT file (note: Location of SLT file is registered in TRIM by Region Office)

If the report is required before the signed original can be provided EITHER

Scan the signed report and provide PDF version via email and post original.

OR

PDF version of an unsigned report with statement (*see note left) is prepared and emailed by the SLP and the original is posted

* Email from Principal to include "I authorise the attached Request for Support Form in respect of student [insert student name] completed by [insert name of class teacher/team member] on [insert date] to be sent to [insert SLP name]. The parent of [insert student name] has consented to this request."

* Statement on Report of Service to read "This is the final report by [insert name of SLP] provided via email for the purpose of [insert reason for urgency]. When the signed original arrives it must replace this copy. Signed originals of this report are also held on the SLT file."

Important Notes

- SLPs must not upload their reports into OneSchool because of the department’s legal obligations under the Information Privacy Act 2009.
- All documents referred to in this flowchart must be protected against loss, unauthorised access, use, modification or disclosure and against misuse generally.
- All emails should only be sent from departmental email accounts by the account holder and not a delegate.
- A clear statement should be placed at the beginning that the email and attachments are STRICTLY CONFIDENTIAL and for viewing by [K.V.Z] only.

Parents are informed of the outcome of the service request and proposed action through agreed school/region process

Copies of the report of service can be provided to others after gaining specific permission from the parent or the student. Signed hard copy of consent to provide report is held on SLT file.

This information is part of the document Priorities in Speech-Language Therapy Services in State Schools 2011 and should be used in conjunction with the departmental procedure IFM.PR-008 Managing the Departments Records and related procedures such as IFM.PR-03 Classification and Handling of Information Assets and IFM.PR-006 Managing the Security of Department Information and Systems.

Compiled with advice from Legal and Administrative Law Branch - 2011