



Specialist Disability Support in Schools Program

Specialist Disability Support in Schools Program

-All Funding Categories-

Complete a separate template for each of your approved funding categories

**Mid-Year Performance Report – Due 01 August 2025**

1. Have any details changed or are there emerging issues since the date of your Application, which may impact on the services your organisation is providing or any obligations under the Service Agreement?

No

Yes

If Yes, please provide details:

1. Has your organisation established systems or commenced utilising existing systems, and commenced collecting data, which will meet your reporting requirements due on 30 January 2026? (data examples include: student and service outcome measures to use as evidence of the efficacy of the services, school and student data, significant contact with schools, distribution of labour, number of SDSS hours worked by professional staff per annum etc)

No

Yes

If No, please provide details about how and when this will be achieved.

1. How has your organisation been monitoring a student's improvement in student access, participation and achievement in learning as a result of the SDSS Services provided?

1. For services requiring the engagement of new staff to deliver services, have these staff been secured?

No

Yes

If No, what pro-active measures are planned to ensure staff are engaged to meet your service requirements and performance measures?

1. Please explain how your organisation has worked in partnership with State, Catholic and Independent school staff, and Department of Education regional office staff this year to deliver services to improve access to and participation in the curriculum and the educational outcomes of eligible school-aged students with disability.

**Key Personnel and Contact Officer**

1. Are there any actual or forecast changes to any key personnel or the primary contact person as listed in your Service Agreement?

No

Yes

If Yes, please provide further information.

**Authorised Officer (person in authority to sign as per Your service agreement. The signing authority cannot be the project manager or coordinator)**

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| --- | --- | --- |
| **Signature:** |  |  |
| **Name (printed):** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |

**Witness**

|  |  |  |
| --- | --- | --- |
| **Signature:** |  |  |
| **Name (printed):** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |

**Please return the completed form to:**

The Specialist Disability Support in Schools Team at [SDSS@qed.qld.gov.au](mailto:SDSS@qed.qld.gov.au)

If you have any questions when completing this form, or about the SDSS program delivery in general, please contact [SDSS@qed.qld.gov.au](mailto:SDSS@qed.qld.gov.au)