

Education Adjustment Program Consent Form

This form is used to record consent for the school to collect information to assist in determining the student's eligibility for and participation in the Education Adjustment Program (EAP).

EAP is a process for identifying and responding to the educational needs of students with disability.

Adjustments are made for students with disability to enable them to access the curriculum, achieve curriculum outcomes and participate in school life.

The EAP process initiates an ongoing cycle of documented data collection, planning, program development, intervention, EAP Profiles, evaluation and review.

Privacy Statement

The Department of Education collects, uses and discloses student's personal information in accordance with the confidentiality provision in s.426 of the Education (General Provisions) Act 2006. Information on the student's medical, developmental and educational status and history is being collected, used or disclosed for the purpose of the Education Adjustment Program. The information will be kept in a secure location and will only be accessed by relevant departmental personnel. Student's information will not be given to any other person or external body unless consent has been provided or the department is permitted or required by law to use or disclose such information. Information given to the professionals or agencies listed below is for the purpose of informing their professional service to the student.

Student Details

Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	Gender	<input type="text"/>
EQ ID	<input type="text"/>	Year Level	<input type="text"/>
School	<input type="text"/>	School Phone	<input type="text"/>
Parent	<input type="text"/>	Home Phone	<input type="text"/>
Home Address	<input type="text"/>		
General Practitioner	<input type="text"/>	Contact Details	<input type="text"/>
Medical Specialist	<input type="text"/>	Contact Details	<input type="text"/>

OTHER AGENCIES OR PROFESSIONALS

Agency / Professional	Contact Person	Contact Details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



The school team should ensure that the parents and student (as applicable), are supported to understand the EAP process.

Consent

I give consent for:

- the department to collect personal information for the purpose of the Education Adjustment Program (EAP)
- the school to share relevant personal information with Education Queensland guidance officers, advisory and specialist teachers and therapists for the purpose of the EAP
- the school to share relevant personal information with the student's general practitioner or medical specialist (as listed above) for the purpose of the EAP
- the school to share relevant personal information with agencies or professionals listed above for the purpose of the EAP
- the agencies or professionals listed to report to the school with diagnostic information and information to support educational planning
- participation in the EAP review processes (verification and EAP profile) according to review date/s specified or at my request.

Parent Name	<input type="text"/>		
Parent Signature	<input type="text"/>	Date	<input type="text"/>
Student Name	<input type="text"/>		
Student Signature	<input type="text"/>	Date	<input type="text"/>
School Representative Name	<input type="text"/>	Position	<input type="text"/>
School Representative Signature	<input type="text"/>	Date	<input type="text"/>

If the principal decides that the student is capable of giving their own informed consent, students are also required to sign this consent form, preferably in addition to the parent/carer's signature.

**A completed copy of this form is to be attached to the verification request(s).
The original of this form is to be kept in the student's school file.**