**Specialist Disability Support in Schools Program**

**School Support Services**

**Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| Performance Report – Due 30 January  |

The Performance Report for School Support Services comprises:

1. The questions in this Performance Report Template relating to progress and program outcomes;
2. completion of the required information in the Performance Measures Spreadsheet for:
3. school and student data; and
4. distribution of labour;
5. Case Studies as specified below; and
6. a Certificate of Expenditure.
7. 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. Please explain how your organisation has worked in partnership with State, Catholic and Independent schools, and regional office staff to deliver services to improve access to and participation in the curriculum and the educational outcomes of eligible school-aged students with disability.
2. How does your organisation monitor a student's improvement in student access, participation and achievement in learning as a result of the School Support Services provided?
3. Provide a statement regarding the efficacy of the SDSS program services your organisation has provided in the reporting period, including the basis for the statement and any identified areas for improvement.
4. How has your organisation ensured continuing value for money?

**Performance Measure Requirements**

1. Please provide the following information for the last twelve (12) months using the relevant Performance Measures Spreadsheet at the following link - [Reporting Templates](https://education.qld.gov.au/about-us/budgets-funding-grants/grants/other-organisations/sdss/for-funded-organisations).
2. school and student data (refer to the Service Deliverables at section 5.1 of your Service Agreement); and
3. distribution of labour details (refer to the Professional Staff listed in Attachment 1 of your Service Agreement).

**Case Studies**

1. Please provide up to five (5) case studies using the Case Study Template below at **Attachment 1**. Case studies that are not completed using the template will not be accepted.

**Certificate of Expenditure**

1. Have you applied for any reallocations of funding during the reporting period?

[ ]  No – proceed to Question 9

[ ]  Yes – All reallocations must be included in the Certificate of Expenditure.

Please list the approval date/s for the reallocation/s here:

1. Please complete and attach a Certificate of Expenditure for the relevant funding year. The template is available at the following link - [Reporting Templates](https://education.qld.gov.au/about-us/budgets-funding-grants/grants/other-organisations/sdss/for-funded-organisations).

**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.

**Department Feedback**

1. Is there any positive or constructive feedback about the SDSS Program your organisation would like to provide to the Department that may enhance the program’s outcomes?

# Performance Report Checklist

|  |  |
| --- | --- |
| **Item Checklist** | **Complete** |
| (1) | All questions on this form have been answered.  | [ ]  |
| (2) | Performance Measures Spreadsheet completed and attached, containing: |  |
|  | 1. all school data completed;
 | [ ]  |
|  | 1. all student data completed, including ensuring unique students have been identified separately; and
 | [ ]  |
|  | 1. all distribution of labour information for each staff member funded under SDSS program has been provided.
 | [ ]  |
| (4) | Case Studies completed using the template below and attached. | [ ]  |
| (5) | Certificate of Expenditure completed using the template and attached. | [ ]  |
| (6) | The Authorised Officer for your organisation has signed this report and it has been witnessed. | [ ]  |

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

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

**Witness**

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

**Attachment 1**

Specialist Disability Support in Schools Program

Case study

Each case study must be limited to **a maximum** of five pages and must include the following information.

|  |
| --- |
| **Organisation Name:** |
|  |

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| --- |
| **School:** |
|  |

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| --- |
| **Year level of student:** |
|  |

|  |
| --- |
| **Disability or disabilities (please indicate the primary disability if there are multiple):** |
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| --- |
| **Provide a summary describing the service:** |
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| --- |
| **Summarise the impact of the service and the student’s outcomes relative to the objectives of the Specialist Disability Support in Schools Program:** |
|  |

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| --- |
| **Explain how the impact and outcomes of the service were measured:** |
|  |

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| --- |
| **Conclusion and recommendations:** |
|  |