



RELEASE OF INFORMATION/RECEIVE INFORMATION FORM

Yarra Ranges Special Developmental School aim to provide a consistent and holistic service that can be continued throughout the school week as well as at home. To improve this, school based therapists often work with student's external therapists and health care professionals in order to work towards the same goals.

Please complete the form below indicating your preference for YRSDS to share information with your child's private therapists or health care professionals in order to discuss goals and strategies that can be implemented across the home and school environment. This may include sharing session notes, reports and assessments where necessary.

Student Name: _____

Occupational Therapist

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Support Coordinator

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Physiotherapist

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Other Professionals: _____

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Speech Pathologist

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Other Professionals: _____

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Behaviour Support Practitioner

Name: _____
Organisation: _____
Phone number: _____
Email: _____

Other Professionals: _____

Name: _____
Organisation: _____
Phone number: _____
Email: _____

I, _____ (name) give permission for Yarra Ranges SDS to contact and share information with the individuals named above.

Signature: _____

Date: ____/____/____