



Dear Parents/Guardians

Thank you for your enquiry regarding services provided by Educational Outreach of Autism Spectrum Australia (Aspect).

Your child can be referred to this service if he / she has a diagnosis of an autism spectrum disorder (e.g. Asperger's disorder, autistic disorder, atypical autism, PDD-NOS).

Please complete the referral forms and return to Educational Outreach along with relevant reports to:

PO Box 770 Seven Hills NSW 1730

Please use this checklist as a guide:

- Diagnostic assessment report (essential)**
- Completed referral form (2 pages)**
- Signed Parental Permission for Consultancy**
- Signed 2009/2010 Department of Education and Training Use of Personal Information Parent/Carer Certification**
- Other relevant reports** (e.g. *speech pathology, occupational therapy, psychology, etc.*)

Please read the following information regarding this service and the fee structure.

Yours sincerely

Jane Cotter
Manager, Educational Outreach
Autism Spectrum Australia (Aspect)



Educational Outreach

Aspect's **Educational Outreach** is a specialist autism intervention team that provides a range of direct and indirect services to children, adolescents, families, schools, and to the wider community.

The philosophy of Educational Outreach is based on collaborative partnerships with parents, schools, and other professionals.

Ongoing consultations are available to children who have an autism spectrum disorder (ASD) and who are enrolled in inclusive / mainstream educational settings within greater metropolitan Sydney. Educational Outreach also offers collaborative consultancy support for students enrolled in Support Classes and in Schools for Special Purposes (SSPs).

Collaborative specialist autism intervention services are provided on a subsidised fee-for-service basis. These include:

- **School - based consultancy** (e.g. positive behaviour support plans, learning support plans, playground/social intervention planning)
- **Group social skills programs** (for infants, primary or secondary age groups of between 6 to 12 participants)
- **Student workshops** (customised half-day group social skills courses for children in Year 5 – Year 12)
- **Individual therapy** (e.g. diagnosis disclosure programs, social interventions)
- **Peer education programs** (e.g. Carol Gray's "*The Sixth Sense*" for Year 5 –Year 12 classmates, or "*Learn More About ASD*" , an information program for Year 5 – Year 12 students)
- **School in-services**
- **Training workshops** (courses for parents and professionals e.g. *Introduction to ASD and Mainstream School Strategies, Asperger's Disorder and Adolescence*)
- **Customised training programs for parents and professionals**

Please contact Jane Cotter, Manager and Special Educator on (02) 8868 8504 to discuss referral, training or other service options.

Educational Outreach gratefully acknowledges funding support from the following programs:

- *Intervention Support Program* funded by the Minister for Education and Training and administered by the Department of Education and Training
- *Commonwealth Targeted Programmes* administered by The Association of Independent Schools of New South Wales Limited



Services and Fees Information 2009

Current Fees

➤ Consultations	(up to 4 hrs, including travel time)	\$150
➤ School In-Services	(minimum 1 hr)	\$200 per hour or part thereof, plus GST
➤ Social Skills Programs	(per child/per session)	\$40
➤ Diagnosis Disclosure Programs	(per one hour workshop)	\$150
➤ Peer Education Programs	(per one hour workshop)	\$150
➤ Calendar Training Courses	(per participant)	\$180 plus GST
➤ Customised Training Programs		Fee structure based on length of course and group numbers, GST applicable

Service options include:

Consultations

Consultations include informal, functional assessment based on observation and interaction with the student in the classroom, in the playground, or other school settings. This is followed by a collaborative case conference to identify priorities and plan intervention strategies. A written summary and resources for social, communication, behaviour and educational needs are provided, with additional follow-up telephone support as required. In addition, home-based consultations (on a limited basis) may also be negotiated, with written consultation summaries and follow-up telephone support.

If a full report is required following either a school or home consultation, there will be an additional fee of \$50.

School In-Services

Customised professional development courses for infants, primary and secondary school staff; cost includes preparation, handouts and travel time.

Social Skills Programs

6–8 week programs for students K–12, flexibly tailored to meet the participants' social needs; cost includes materials, resources and travel time.

Peer Education Programs

Carol Gray's "The Sixth Sense" introduces mainstream peers to social differences in HFA and Asperger's Disorder in a one hour interactive workshop. Suitable for Year 5 –Year 12.

"Learn More About ASD" provides students with a more comprehensive overview of autism in an interactive one hour workshop. Suitable for Year 5 – Year 12

Fee information

Autism Spectrum Australia (Aspect) asks that accounts be settled at the time of the appointment. Payment can be made by cheque, credit card, or money order and receipts will be issued at that time. Thank you.



autism spectrum
AUSTRALIA

REFERRAL FORM Educational Outreach Service

Date: _____

Name of Child: _____		
	First Name	Surname
Date of Birth: _____	Age: _____	Male or Female (please circle)

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Post Code: _____	Post Code: _____
Tel. (home) _____	Tel. (home) _____
(work) _____	(work) _____
(mob) _____	(mob) _____
Email: _____	Email: _____

SCHOOL: _____	Grade: _____ (in 2009)
Address: _____	Postcode: _____
School Telephone: _____	School Fax: _____
School Email: _____	
School Contact: _____	Position: _____
School Type <input type="checkbox"/> Govt <input type="checkbox"/> Catholic (CEO) <input type="checkbox"/> Catholic (Non-systemic) <input type="checkbox"/> Independent	
School Placement: <input type="checkbox"/> SSP (School for Specific Purposes)	
<input type="checkbox"/> Support Unit (eg. Autism Support Class, IM Class, IO Class, OL Class)	
<input type="checkbox"/> Mainstream Class	

REFERRED by: _____	Position/Role: _____
Address: _____	Telephone: _____
_____	Postcode _____

Office use only:
OH&S assessment considered necessary? No / Yes (see attached)
Database entry :

Please indicate if your child has already been diagnosed with:

- Autistic disorder
- Asperger's disorder
- Other autism spectrum disorder (e.g. atypical autism, PDD-NOS)
- Other

If 'other', please specify: _____

Who made this diagnosis and when? _____

Please attach a copy of your child's diagnostic assessment report.

REASON for REFERRAL (please tick all appropriate boxes):

- School-based consultation
- Diagnosis disclosure
- Peer education (Yrs 5-12)
- School in-service
- Social skills program

To be eligible for these services, a diagnosis of autistic disorder, Asperger's disorder, PDD-NOS or atypical autism (as per DSM-IV) is necessary.

Please provide details (e.g. behaviour support, learning support, social interventions)

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Has your child previously been enrolled in an Autism Spectrum Australia (Aspect) school (base school or satellite class)? If YES, please advise:

Autism Spectrum Australia (Aspect) school: _____

Date of exit to mainstream/special school: _____

Previous/ongoing ASSESSMENTS and SERVICES involved:

--- Please attach copies of recent reports ---

Type of Service (Please tick as appropriate):	Date(s):	Service Provider:
<input type="checkbox"/> Paediatric		
Psychology: <input type="checkbox"/> Assessment (eg. IQ testing, WISC-III, WPPSI-R, Stanford-Binet) <input type="checkbox"/> Therapy/counselling		
Speech Pathology <input type="checkbox"/> Assessment <input type="checkbox"/> Therapy		
Occupational Therapy <input type="checkbox"/> Assessment <input type="checkbox"/> Therapy		
<input type="checkbox"/> Other (please specify)		

Educational Outreach

Parental Permission for Consultancy

We / I give permission for the **Educational Outreach** of Autism Spectrum Australia (Aspect) to act as consultant to the school on behalf of our child:
(Name of child)

- ⇒ to seek all relevant information as required from this school, clinics, other educational services, and doctors;
- ⇒ to undertake any appropriate and relevant psychological or educational assessments;
- ⇒ to provide **us / me** and the school and other professionals involved, with advice and assistance with educational/behavioural programs that are appropriate and relevant;
- ⇒ **We / I** understand that the Service will provide **us / me** with all their reports and assessments and that **we / I** as parent/s will be full participants in any and all decisions which might be made about our child's educational/behavioural programs.
- ⇒ **We / I** understand that all material will be treated with respect for our rights to privacy and confidentiality.
- ⇒ **We / I** understand that fees for service will apply.

Signed: **Dated:**
(Mother / Father / Guardian)

Address: **Postcode:**

Telephone:

2009 / 2010
Department of Education and Training
Intervention Support Program
Non School Organisations (NSO) Component

Parent / Carer Certification Form

Use of Personal Information

Student Details

I have been advised by Autism Spectrum Australia (Aspect) that the information about:

Student's name in full

provided on the Intervention Support Program (ISP) Funding Application Form 2009 is used for the purpose of applying for and monitoring funding under the ISP.

It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation.

I have been advised that DET will be granted access to the information, that provision of this information is voluntary and that it will be stored securely.

I am aware that if I do not provide all or any of this information my child will not be funded.

(You may correct any personal information provided at any time by contacting Educational Outreach, Autism Spectrum Australia, PO Box 770 Seven Hills NSW 1730)

Signed: _____
(Parent/Carer)

Date: _____