*The Inclusion Support Programme is funded by the Australian Government   
Department of Education and Training.*

**Sensory Tool Equipment Library – Item Request Form**

The Inclusion Support Programme (ISP) provides assistance to early childhood and child care (ECCC) services to address barriers to inclusion. This assistance may include access to the Sensory Tool Equipment Library which is managed by the Inclusion Agency (IA) in each jurisdiction. This request is subject to approval in line with the ISP Guidelines and the suitability and availability of requested equipment.

ECCC services are responsible for returning this form, along with relevant supporting documentation, to their Inclusion Professional at Early Childhood Australia NT Branch.

**Please email:** [ecant@earlychildhood.org.au](mailto:ecant@earlychildhood.org.au). **Phone:** 08 8986 7142 or Free Call: 1800 959 995.

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| **SERVICE DETAILS** | | | | | | | |
| **Service name** |  | | | | | | |
| **SIP ID** |  | | | | | | |
| **Address** |  | | | | | | |
| **Suburb** |  | | | | **Postcode** | |  |
| **Contact person** |  | | | | | | |
| **Position** |  | | | | | | |
| **Phone** |  | | **Mobile** |  | | | |
| **Email** |  | | | | | | |
| **Service type** | Centre-based Care | Family Day Care | | | | OSHC | |

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| **EQUIPMENT REQUEST DETAILS** | | | | | |
| **Environment name** |  | | **Age Group** | |  |
| **Description of care environment:** |  | | | | |
| **Identification Method** | **Identified through SIP** | Yes  No | |
| **Equipment required**  **(Specifications of equipment required including any specific measurements for fitting to the child).** | **(Please note that if the exact model of equipment requested is not available the STEL will contact the ECCC service to discuss suitable alternatives)** | | | | |
| **Equipment ID No *(if known)*:** |  | | | | |
| **Relevant information to support the request** |  | | | | |

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| **Child – If applicable** | | | |
| **Name child:** |  | | |
| **DOB:** |  | | |
| **CRN:** |  | **Is there IDFM Funding for the child** |  |

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| **INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS** | | | |
| **Name of IA:** | Early Childhood Australia | | |
| **Name of IP:** |  | | |
| **Phone** | 8986 7142 & | **Fax** | N/A |
| **Email** | (EMAIL COMPLETED FORM TO THIS EMAIL ADDRESS) | | |

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| **INCLUSION AGENCY (IA) AND SEL COORDINATOR DETAILS** | | | |
| **Name of IA:** | Early Childhood Australia | | |
| **Name of SEL Coordinator:** | Alexandra Kastellorizios | | |
| **Phone** | 8986 7142 & 0477006563 | **Fax** | N/A |
| **Email** | [SEL@ecant.org.au](mailto:SEL@ecant.org.au) & [alex.kastellorizios@ecant.org.au](mailto:alex.kastellorizios@ecant.org.au) (EMAIL COMPLETED FORM TO EMAIL ADDRESSES ABOVE) | | |

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| **SERVICE REQUEST AUTHORISATION** | | | |
| **Name of service representative authorising request** |  | | |
| **Signature** |  | **Date** |  |

**If Needed:**

*Consent is needed for Deep Pressure Touch/Therapy equipment, Communication devices and earmuffs.*

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| **PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD** | | | |
| **Parent/guardian name** |  | **Signature** |  |
| **Date signed** |  | | |

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| **PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD** | | | |
| **Parent/guardian name** |  | **Signature** |  |
| **Date signed** |  | | |

1. **Identify the barriers to inclusion and sensory processing struggles:**

* Use the Strategic Inclusion Plan (SIP) to help identify the barriers to inclusion.
* Describe the barriers to inclusion for children with additional needs and their impact.
* *What are the barriers to inclusion relating to children, educators and/or care environment regarding Sensory processing?*
* *Describe what is happening for children and educators?*
* *What is the impact? Consider children’s level of participation and interaction.*
* *Why do educators think this is happening, what sensory issues are being observed?*
* Outline why the STEL is needed, and strategies implemented before requesting the STEL
* What is the current knowledge of educators in relation to each piece of sensory equipment? (Confident, somewhat confident, no confidences)

1. **Outline how educators plan to use the Sensory Equipment to address the barriers to inclusion:**

* What equipment has been requested and how is it implement.
* *What do you want to do with the equipment?*
* *How often will the equipment be used?*
* *Are there any children you will use this equipment specifically for?*
* Provide a rationale for selecting the Equipment.

*- How did you identify a suitable piece of equipment to support the environment?*

1. **Briefly outline the expected outcomes of each piece of equipment:**

* State the expected outcomes of having Sensory Equipment in relation to educators, children, and the overall care environment?
* *What do you want to achieve?*
* *What would specifically change or improve as a result of implementing this equipment?*

How will educators continue to review and refine the changes to their practices?