Government of South Australia
Department for Education

Access Equipment Service
Health Professional Documentation to Support Request for Access Equipment Applications

Special Education Resource Unit
72a Marlborough Street
HENLEY BEACH SA 5022
Ph 82352871
Fx 8235 1907
Em seru.admin@schools.sa.edu.au

AES002

Date:

Student Name: DOB:

Diagnosis:

Preschool/School:

Principal: Teacher:

Health Professional:

Organisation:

PT / OT / SP / Medical (please indicate)

Contact Number: Best days to contact:

Email:

Student's current performance and needs / background information:
(eg mobility and postural skills, level of independence, current equipment use)

Equipment requested:

Model: Size:
Specification / accessories required:

Reason for request of equipment:

Student's Needs (physical status)	
Access to Curriculum	
OHS Considerations	
Personal Care	
Other	

Additional information attached:

Is item requested to replace existing SERU equipment? Yes No

Other equipment that has been trialled for this purpose	**Suitability**

** This form must accompany a completed Request for Access Equipment Form.*

Signed (Therapist)