Parent request for service provision to be conducted during school hours

*This form is to be completed by parents/carers in advance of any NDIS service provision commencing in school. Information should be completed after reading the Operational Guidelines.*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Class Teacher: |  |

Service Provision Requested:

Organisation Delivering Service:

|  |  |
| --- | --- |
| * Speech Therapy
 |  |
| * Occupational Therapy
 |  |
| * Physio Therapy
 |  |
| * Hydro Therapy
 |  |
| * Other:
 |  |

Expected outcome or goal of therapy service.

|  |  |  |
| --- | --- | --- |
| Frequency of Service | Session Time | Duration of Service |

|  |  |  |
| --- | --- | --- |
| * Weekly
 | * 30 minutes
 | * Term One
 |
| * Fortnightly
 | * 60 minutes
 | * Term Two
 |
| * Monthly
 | * Other:
 | * Term Three
 |
| * Once or twice per term
 |  | * Term
 |

|  |  |  |
| --- | --- | --- |
| Will there be a clear link between the therapy service goal and a PLaSP goal? | * YES
 | * NO
 |

|  |  |  |
| --- | --- | --- |
| Will the therapist be available to attend a Learning Support Team Meeting? | * YES
 | * NO
 |

|  |  |
| --- | --- |
| * I understand that a decision will be made regarding the provision of therapy services during school hours after a learning and support team meeting for my child.
* I understand that should no suitable times or learning spaces be available in my child’s class the service cannot commence. The request will be placed “on hold” and reviewed at the end of each semester.
 | Parent Signature |
| Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Declined |  | On Hold / Review | Principal Signature / Date |