**Parent/Carer Request for the**

**Delivery of Therapy Services During School Hours**

Before completing this form, please read ***Clarke Road School – Working with externally funded service providers delivering health, disability and wellbeing services to students* Guidelines and Procedures document**. This form is to be completed in consultation with the class teacher, in advance of any therapy service provisions commencing at school. One form to be used per service provision request.

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

|  |  |
| --- | --- |
| Service Provision Requested | Name of Organisation Delivering the Service and contact email  |
| □ Speech Therapy |  |
| □ Occupational Therapy |  |
| □ Physiotherapy |  |
| □ Other: |  |
|  |  |

Please outline the link between the therapy service goal/s and your child’s PLSP goal/s:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Frequency of Service Delivery | Session Time | Duration of Service Delivery |
| □ Weekly | □ 30 minutes | □ Term One (1) |
| □ Fortnightly | □ 60 minutes | □ Term Two (2) |
| □ Monthly | □ 90 minutes | □ Term Three (3) |
| □ Once or twice per term | □ Other: | □ Term Four (4) |
| □ One-off consultation |  |  |

|  |  |  |
| --- | --- | --- |
| Is the delivery of this service/s necessary during school hours? | □ Yes | □ No |
| If YES, please outline your reasons: |

|  |
| --- |
| I understand that: (Please tick) a decision will be made regarding the provision of therapy services during school hours after consultation with school staff.should no suitable times or learning spaces be available that the service cannot commence.the therapists will need to communicate with NDIS team at a suitable time before the therapy program commences.therapists will undertake to read the ‘Providing NDIS-funded therapy services at Clarke Road School’ document before commencing services.therapist are required to provide a report or summary to the school after each visit. The class teacher will send this report home.  |

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Office use only

□ Approved □ Declined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_