



Parent Request for the Provision of Therapy Services

This form is to be completed by the parents/ carers in advance of any therapy services commencing in school. This form should be completed after reading **Nuwarra Public School Guidelines for Therapy Provision** as well as The **Department of Education’s Information for Parents**. Both documents can be located on our school website. If you require assistance in completing this form, please contact our school.

Student Details Completed by parent or carer	Student Name		DOB	
	Class			
	Parent/ Carer Name			
	Service Provision Requested (please tick)	<input type="radio"/> Speech therapy <input type="radio"/> Occupational Therapy <input type="radio"/> Physiotherapy <input type="radio"/> Other: _____		Proposed Day & time for therapy
	This request supports another goal that has been identified by the family and/ or therapist and has been discussed with the classroom teacher. Please write down the goal for the student. E.g., At the conclusion of these sessions the student will:			
	Goal:			
To be signed by the students’ parent/ carers				
<ul style="list-style-type: none"> ○ I understand that a decision will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the Learning & Support Team. I understand this process might take up to two weeks. ○ I understand that should no suitable times or learning spaces be available the service cannot commence at our school. The request will be placed “on hold” and reviewed at the end of the term. ○ I understand that by signing this document, I give consent for the provision of therapy services in my child’s school and for the exchange of information regarding my child between the school and therapy service provider listed. ○ I understand that it is my responsibility to monitor bookings and clashes that might occur between school and therapy appointments (major assemblies, excursions etc.) and to notify the provider if my child will not be present at school on a day scheduled for service delivery at the school. ○ I understand I am responsible for notifying the school if I terminate the provider’s services. ○ I understand it is my responsibility to monitor the sessions occurring in accordance to agreed dates/ times. 				
Parent/ Carer Name:			Parent/ Carer Signature:	
Email address:			Date:	

External Provider Details Completed by the external therapist in consultation with parents/ carers	Therapist Name	
	Organisation	
	Email contact	
	Phone contact	
	Role	<input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Physio <input type="checkbox"/> OT <input type="checkbox"/> Other (advise)
	Registration details	_____
	Managers Name	
	Contact details	
Timeframe/ sessions	School term <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4	
(Maximum length of support is 45 minutes)	Type <input type="checkbox"/> Observation only (one off) <input type="checkbox"/> Series of sessions	
	Location of delivery: _____	
	Frequency of service <input type="checkbox"/> Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> other: _____	
	Day and time suggested: _____	
	Time and day to be determined in consultation with teacher/ therapist. Parents to be notified and kept updated of any changes. It is the parents' responsibility to notify the therapist if the child is absent from school.	

To be signed by the service provider

- I understand that a decision will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the Learning & Support Team. I understand this process might take up to two weeks.
- I understand that should no suitable times or learning spaces be available the service cannot commence at our school. The request will be placed "on hold" and reviewed at the end of the term.
- I understand that by signing this document, I give consent for the provision of therapy services in my child's school and for the exchange of information regarding my child between the school and therapy service provider listed.
- I understand that it is my responsibility to monitor bookings and clashes that might occur between school and therapy appointments (major assemblies, excursions etc.) and to notify the provider if my child will not be present at school on a day scheduled for service delivery at the school.
- I understand I am responsible for notifying the school if I terminate the provider's services.
I understand it is my responsibility to monitor the sessions occurring in accordance to agreed dates/ times.

Name of therapist & organisation:	Signature:
Email address:	Date:

Nuwarra Public School to complete this section.

Date received by school:

Date discussed at LST:

LST recommendations:

Approved declined on hold

Review Date:

Progress report from service provider to requested to be supplied every:

Comments:

Status of Service Provision Request after discussion with Principal

Approved

Declined

On Hold

Principals signature: