



PARENT/CARER REQUEST FOR EXTERNALLY FUNDED SERVICE PROVIDERS

Student Name				
Date of Birth				
Class				
Parent/Carer Name				
Parent/Carer number				
Parent/Carer email				
Service Requested				
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Psychology	<input type="checkbox"/> Other (Please specify)	
Organisation				
Therapist name				
Frequency of Service	Duration of Service	Session Time	Possible Day	Possible Times
<input type="checkbox"/> Weekly	<input type="checkbox"/> Term 1	<input type="checkbox"/> 30 mins	<input type="checkbox"/> Monday	<input type="checkbox"/> 9:50 – 10:50
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Term 2	<input type="checkbox"/> 45 mins (select 1hr time frame)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> 10:20 – 10:50
<input type="checkbox"/> Monthly	<input type="checkbox"/> Term 3	<input type="checkbox"/> 60 mins	<input type="checkbox"/> Wednesday	<input type="checkbox"/> 12:30 – 1:30
<input type="checkbox"/> One off observation	<input type="checkbox"/> Term 4		<input type="checkbox"/> Thursday	<input type="checkbox"/> 1:00 – 1:30
			<input type="checkbox"/> Friday	<input type="checkbox"/> 2:15 – 2:45
<p>Please indicate how the goals of this therapy will align with your child's education goals and why you feel this therapy would be best done during school hours.</p> <p><i>The NSW Department of Education and the National Disability Insurance Agency (NDIA) recommend that therapy services funded through a child's NDIS support plan are best delivered outside of school time. This allows the school to focus on teaching your child and all other students and ensures your child does not miss out on important learning time.</i></p>				
Link to Personalised Learning and Support (PLSP) Goal				
<input type="checkbox"/> Curriculum	<input type="checkbox"/> Communication	<input type="checkbox"/> Social Participation	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Movement



I understand my role includes the following (please tick to agree)

- I need to wait for the school to contact me to arrange a meeting and for it to have occurred before my provider reaches out to the school to complete the provider service agreement.
- After meeting with the school, let the therapy provider know that the school has agreed they are able to work with your child at school at the agreed times and any other conditions. This information will be included in the written agreement with the school.
- Return the signed consent form to the school that will be provided after times and days for services have been decided.
- Therapy days and times cannot be changed unless a new provider agreement is created.
- Inform the therapy provider as soon as possible if your child is absent from school on a day on which the provider is supposed to go to the school.
- Inform the service provider if other activities at school mean that therapy cannot take place. For example, when sports carnivals, excursions, or special events or assemblies are scheduled.
- Inform the school if you stop using the service or change providers.

Parent Signature:	Date:
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<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Principal Signature:	Date:

A staff member will be in contact with you within two weeks of receiving this request form to organise a meeting/phone call to discuss the therapy service in school

