

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:	
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Service Provision Requested	Name of Organisation Delivering the Service and contact email
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> 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
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term One (1)
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Term Two (2)
<input type="checkbox"/> Monthly	<input type="checkbox"/> 90 minutes	<input type="checkbox"/> Term Three (3)
<input type="checkbox"/> Once or twice per term	<input type="checkbox"/> Other:	<input type="checkbox"/> Term Four (4)
<input type="checkbox"/> One-off consultation		

Is the delivery of this service/s necessary during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: _____