Parent request for service provision to be conducted during school hours

Student information

Full name:

Class teacher:

Parent/Carer contact information Name(s):

Phone number:

Email address:

Preferred method of contact: email

Purpose of therapy

Type of therapy requested (For example: speech pathology, occupational therapy):

Please briefly explain how the therapy will help your child participate in learning at school:

Frequency of service (weekly, fortnightly, monthly, once or twice per term):

Session time (30 minutes, 60 minutes, other):

Duration of service:

- [ ] I understand that the decision regarding the provision of therapy services during school hours is made at the discretion of the principal, who must consider a number of important factors.
- [ ] I understand that I must tell the therapy provider as soon as possible if my child is absent from school on a day when the provider is supposed to go to the school.
- [ ] I understand that I must tell the therapy provider if other activities at school mean that therapy cannot take place. For example, when sports carnivals, excursions, or special events are scheduled.
- [ ] I understand that I must tell the school if we stop using the service or change providers.

Parent signature:

Date: