

# Parent request for therapy during school hours



A *Request for Therapy Service Provision During School Hours* is to be completed by parents. Information should be completed after reading the *Information for Parents and Carers* document.

<b>Student Name</b>		<b>Class Teacher</b>	
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<b>Service Provision Requested:</b>		
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Other:		

<b>Expected outcome or goal of therapy service:</b>

<b>Frequency of Service</b>	<b>Session Length</b>	<b>Duration of Service</b>
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term 1
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Term 2
<input type="checkbox"/> Monthly	<input type="checkbox"/> other:	<input type="checkbox"/> Term 3
<input type="checkbox"/> Once or twice per Term		<input type="checkbox"/> Term 4

<b>Priority 1 Therapist Details</b>		
<b>Name:</b>		
<b>Position:</b>		
<b>Organisation:</b>		
<b>Organisation Address:</b>		
<b>Email Address:</b>		
<b>Phone Contacts:</b>	<b>W:</b>	<b>M:</b>

<b>Preferred day of the week:</b>	<b>Preferred time of the day:</b>

<b>Priority 2 Therapist Details</b>		
<b>Name:</b>		
<b>Position:</b>		
<b>Organisation:</b>		
<b>Organisation Address:</b>		
<b>Email Address:</b>		
<b>Phone Contacts:</b>	<b>W:</b>	<b>M:</b>

<b>Preferred day of the week:</b>	<b>Preferred time of the day:</b>

## Parent request for therapy during school hours



- ☐ I understand that a decision will be made regarding the provision of therapy during school hours after a review of its appropriateness with the class teacher and the student's parents or carers.
- ☐ I understand that should no suitable times or learning spaces be available the service cannot commence. The request will be placed 'on hold' and reviewed at the end of each semester.
- ☐ I understand that I must notify the provider if the student will not be at school on a day scheduled for service delivery at the school.

**Parent Name:**

**Parent Signature:**

**Office Use:**

**Status of Service Provision Request:**

☐ Approved

☐ Declined

☐ On hold

Principals signature:

Time and date of first session