

Parent/Carer Request for the Delivery of Therapy Services During School Hours

Before completing this form, please read *The Ponds 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 provision commencing at school. One form may be used for multiple service provision requests.

Student Name		Class Teacher	
--------------	--	---------------	--

Service Provision Requested	Name of Organisation Delivering the Service
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Behavioural Therapy	
<input type="checkbox"/> Other:	

Please outline the link between the therapy service goal/s and your child's PLP 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 the service/s necessary during school hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

If YES, please outline your reasons:

- I understand that a decision will be made regarding the provision of therapy services during school hours after consultation with school staff.
- I understand that should no suitable times or learning spaces be available that the service cannot commence.
- I understand that therapists will need to meet with the class teacher at a suitable time before the therapy program commences to complete the *Working With Therapists planning document*.
- I understand therapists will need to undertake a school-based induction before commencing services.

Parent Name: _____ Signature: _____ Date: _____

Office Use Only

Approved Declined: _____ Principal signature/date: _____