



# Parent request for service provision to be conducted during school hours

This form is to be completed by parents/carers in advance of any NDIS service provision commencing in school. Information should be completed after reading the Operational Guidelines.

Student Name:		Class Teacher:	
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Service Provision Requested:	Organisation Delivering Service:
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<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Physio Therapy	
<input type="checkbox"/> Hydro Therapy	
<input type="checkbox"/> Other:	

Expected outcome or goal of therapy service.
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Frequency of Service	Session Time	Duration of Service
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<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term One
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Term Two
<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	<input type="checkbox"/> Term Three
<input type="checkbox"/> Once or twice per term		

Will there be a clear link between the therapy service goal and a PLaSP goal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Will the therapist be available to attend a Learning Support Team Meeting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<input type="checkbox"/> I understand that a decision will be made regarding the provision of therapy services during school hours after a learning and support team meeting for my child. <input type="checkbox"/> I understand that should no suitable times or learning spaces be available in my child's class the service cannot commence. The request will be placed "on hold" and reviewed at the end of each semester.	Parent Signature
	Date

<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> On Hold / Review	Principal Signature / Date
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