NEWBRIDGE HEIGHTS PUBLIC SCHOOL

2021 Parent Request for the Provision of Therapy Services in School

This form is to be completed by parents or carers to request therapeutic service provision commencing in school. This form should be completed after reading Newbridge Heights Public School Guidelines for Therapy Provision and The Department of Education Information for Parents. This form is to be filed in the Student Record Cards.

PARENT / CARER TO COMPLETE THIS SECTION			
Student Name		Date of Birth	
Class Teacher		Year Level	

Service Provision Requested
(Please select requested therapy, frequency and session length)

☐ Speech Therapy	☐ Occupational Therapy	☐ Physiotherapy	☐ Other (Please specify)
☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice per term ☐ 30 minute session ☐ 45 minute session ☐ 60 minute session	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice per term ☐ 30 minute session ☐ 45 minute session ☐ 60 minute session	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice per term ☐ 30 minute session ☐ 45 minute session ☐ 60 minute session	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice per term ☐ 30 minute session ☐ 45 minute session ☐ 60 minute session

Time and day to be determined in consultation with teacher/therapist.
Parents are to be notified and kept updated of any changes through communication with the therapist/s.

☐ I understand that a decision will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the Learning Support Team. I understand this process might take up to two weeks.

☐ 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 term.

☐ I understand that by signing this document, I give consent for the provision of therapy services in my child's school and for the exchange of information regarding my child between the school and the therapy service provider listed.

☐ I understand that it is my responsibility to monitor bookings and clashes that might occur between school and therapy appointments (major assemblies, excursions etc) and to notify the provider if my child will not be present at school on a day scheduled for service delivery at the school.

☐ I understand I am responsible for notifying the school if I terminate the provider's services.

☐ I understand it is my responsibility to monitor that the sessions are occurring in accordance to agreed dates/times.

Parent/Carer Name:	Email Address:
Parent/Carer Signature:	Date:

SERVICE PROVIDERS TO COMPLETE THIS SECTION

(Each therapist to complete an individual page)

☐ Speech Therapy	☐ Occupational Therapy	☐ Physiotherapy	☐ Other (Please Specify)

Name of Therapist:	Name of Organisation:
Email:	Phone:

Therapy provided by me will support the following educational goal:

and/or

Therapy provided by me will support another goal that has been identified by the family or therapist and has been discussed with the school.

Please write down the goal for the student, e.g. At the conclusion of these sessions, the student will....

☐ I give consent for the exchange of information pertaining to the provision of therapy services to the above-named student between Newbridge Heights PS Public School and the student's parents/carers.

☐ I understand that I am entering into a positive working partnership with Newbridge Heights Public School and will adhere to confidentiality. I understand I am reporting about the individual child and their agreed upon goals.

☐ I understand that I am to provide the school with updates on progress towards agreed upon goals of each student in a determined time frame communicated by the school.

☐ I understand that the agreement will be reviewed at the end of each term to determine if the service provision will continue or not.

Proposed Days and Times
(Please supply multiple options):

Therapist signature:	Date:

NEWBRIDGE HEIGHTS PUBLIC SCHOOL TO COMPLETE THIS SECTION		
Date received by school:		
Date discussed at the LST Meeting:		
LST recommendation: ☐ Approved ☐ Declined ☐ On Hold Review Date: Progress Report from service provider requested to be supplied every: Comments:		
Status of Service Provision Request after discussion with Principal		
☐ Approved	☐ Declined	☐ On Hold
Class Teacher or Executive member informed parents, via email/phone, of final decision on (insert date)		
Principal signature:	Date:	