



In School Therapy Request Form

This form is to be completed by parents or carers to request external providers during school hours. One form may be submitted for multiple service request.

Student:		Class Teacher:	
Service Provision	Name of Organisation and Therapist	Email and phone contact	Copies of required documentation attached *Therapist to complete
Speech Therapy			<input type="checkbox"/> Working with Children (WWC) Check <input type="checkbox"/> National Coordinated Criminal Check (NCCHC) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Public liability insurance
Occupational Therapy			<input type="checkbox"/> Working with Children (WWC) Check <input type="checkbox"/> National Coordinated Criminal Check (NCCHC) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Public liability insurance
Psychologist (PBS)			<input type="checkbox"/> Working with Children (WWC) Check <input type="checkbox"/> National Coordinated Criminal Check (NCCHC) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Public liability insurance

Note : A WWC Check is required. In addition, either a NCCHC or NDIS Worker Screening Clearance is required.

Frequency Of Service	Session Time (40 Min Sessions)	Duration of Service
<input type="checkbox"/> Weekly	Preferred day:	<input type="checkbox"/> Term 1 (wk 5-10)
<input type="checkbox"/> Fortnightly	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/>	<input type="checkbox"/> Term 2 (wk 1-10)
<input type="checkbox"/> Monthly	Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>	<input type="checkbox"/> Term 3 (wk 1-10)
<input type="checkbox"/> Once or twice a term	Friday <input type="checkbox"/>	<input type="checkbox"/> Term 4 (wk 1-10)

The following documentation *must* be attached to this request for approval

- The student's current therapy plan from the listed provider
- The students current NDIS plan

Reasons for In-School therapy requests? Expected outcomes & linked student IEP goals.

I understand that if not suitable times or learning spaces be available in my child's class or school ther service cannot commence. The request will be placed 'on hold' and reviewed at the end of each semester.

Parent/ Carer signature:

Date:

Parent Acknowledgement

- Parent understands that principals may reconsider access for a provider at any time.
- Parent understands additional information about the decision making process is available on the Department of Education’s public website.
 - Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session.
 - Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.
 - Parent understands the school will not cover any costs associated with the provider’s access to the student at school.
 - Parent gives consent for the release and exchange of information between the provider and the school.

Parent name:

Signature: _____ **Date:** _____

Provider Acknowledgement

- Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.**
- Provider must understand and comply with Department of Education policies and school procedures.
- Provider will notify the parent and school in writing should the details provided in the service schedule change.
- Provider will immediately inform schools about anything related to a student’s welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI).
- Provider will provide a written handover at the end of the agreement period that includes:
 - any ongoing risks for the student
 - recommendations for any further support for the student, their family or the school community
 any further action to be taken by the agency.

Provider representative name:

Signature: _____ **Date:** _____

School Acknowledgement

- School acknowledges that approving this service schedule requires the school to:
- coordinate access to the student
 - complete school processes and record the student’s withdrawal from class
 - provide access to agreed school facilities and equipment
- coordinate further communication, e.g., changes to the student’s timetable or health and wellbeing.

School representative name:

Signature: _____ **Date:** _____

Please submit In School Therapy Request form with all accompanied documentation to front office staff.

<input type="checkbox"/> Approved	<input type="checkbox"/> Decline	<input type="checkbox"/> On Hold/Review	Principal/ Delegate Signature:
			Date:

Reason (s):