



# PineView

Primary

## **In-School Therapy- Operational Guidelines and Procedures**

### **Rationale**

Developing collaborative partnerships between school staff and therapists is crucial to achieving positive educational outcomes for students. At Pine View Primary School this collaborative approach aims to provide therapy to students during school hours in a way that enhances educational outcomes.

### **Therapy Services in the School Setting**

Pine View Primary School values the contributions of External Therapy Service Providers make to the lives of people with disabilities, supporting them to reach their potential and engage in meaningful relationships and experiences. Occasionally, therapy can be delivered in the school setting in cases where therapy improves the achievements of the students' IEPs and educational experiences related to those outcomes.

### **Guiding Principles**

- Student safety, wellbeing and educational development are the priority for any therapy service provided in the school setting.
- Schools are ultimately responsible for students' educational outcomes. The decision as to whether a therapy service is to operate within the school is entirely at the discretion of the principal or their delegate.
- In making the decision as to whether it is reasonable for the student to access NDIS funded supports during school hours, the principal or their delegate should consider what impact this would have on the student's access to curriculum.
- Therapy service providers are responsible and accountable to the student and parents for the service they provide. School staff will not sign off on any service conducted in the school as the agreement is between the parent / guardian and service provider.
- A collaborative approach between teachers, therapists and families is in the best interest of the student and will assist in achieving positive educational outcomes.

## **Guiding Practices**

The delivery of services in schools must be planned and documented in partnership with the school and family. In this way, all parties have a clear understanding of their roles and can resolve any arising issues in a collaborative manner.

- The student's educational goals are developed within the school setting through an Individual Education Plan (IEP). Therapy services delivered in school should link to the goals in the student's IEP.
- Effective relationships between therapists and teachers are responsive and have the flexibility required to meet educational goals where resources and priorities change.
- A high standard of confidentiality is maintained where information is shared between stakeholders.
- Therapy program delivery at Pine View Primary School should not impact on school operations or other students' access to school facilities.
- Therapy program delivery at Pine View Primary School should not limit the participating student's access to the curriculum.
- Any concerns regarding students or staff should be immediately brought to the attention of the principal or their delegate

## **Roles and Responsibilities**

### **Home:**

- Parents/Caregivers must raise requests for each discrete in-school therapy service by completing the requisite form (Appendix 1).
- Parents/caregivers to communicate to therapist if their child is absent for a scheduled session.
- Parent/ caregiver to communicate to school if a scheduled therapy session has been cancelled.

### **School:**

- Requests will be determined case-by-case by the principal /delegate in conjunction with class teacher (Appendix 1).
- Admin will ensure visiting therapists are familiar with the school environment and inducted on the school's emergency and response procedures via OR code at reception on initial visit.
- Class teachers will:
  - Arrange mutually beneficial times for visits based on the organisational needs; and
- Admin will:
  - Determine the extent and purposes of such interventions

### **Therapy:**

- Therapists will contribute to the achievement of outcomes identified in the students documented plan(s), in a coordinated, collaborative and cohesive manner.
- Therapy service providers are accountable to parents/caregivers for the in-school services provided. It is their responsibility to account for the delivery of these services.
- All therapists must be familiar with, and strictly adhere to the protocols outlined in the school's emergency response procedures.
- Therapists are responsible for notifying parents and the school if they are unable to attend scheduled sessions.
- Familiarise themselves with the school layout (Appendix 2).

## **Roles and Responsibilities (continued)**

### **Shared:**

- All interventions and problem-solving processes are planned and documented in collaboration with stakeholders.
- Our organisations ensure confidentiality is maintained where information is shared between stakeholders.
- Any concerns by staff or therapists are to be immediately communicated to the principal or their delegate.
- A transparent process will be followed to resolve any issues that are focused the best interests of students.

## **In School Therapy Scheduling and Processes**

Consideration of In-School therapy requests will be based on, although not limited to, the following:

- duty of care to staff and students
- student educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources.

In-school therapy will be scheduled to align with the school's timetable

In- School Therapy Planning Schedule			
School Term	School weeks	Days	Times
Term 1	Weeks 5-10	Monday – Friday	9:40-10:40, 11:10-12:10,12:10-1:10, 1:40-2:40
Term 2	Weeks 1-10	Monday – Friday	9:40-10:40, 11:10-12:10,12:10-1:10, 1:40-2:40
Term 3	Weeks 2-10	Monday – Friday	9:40-10:40, 11:10-12:10,12:10-1:10, 1:40-2:40
Term 4	Weeks 1-9	Monday – Friday	9:40-10:40, 11:10-12:10,12:10-1:10, 1:40-2:40

## **Therapy Access Review**

Pine View Primary School welcomes the provision of therapy during hours. A review of pre-arranged sessions will be required when:

- The service no longer supports the student's educational needs
- The service is impacting other students, staff or school operations
- The service is unreliable or breaches the service schedule
- Concerns arise about the provider's conduct or service quality.

## Procedures

### Home:

- Parent/carers obtain and complete the In School Therapy Request form ([Appendix 1](#)) to:
- Parents/ carers is to supply a copy of the NDIS and Therapy plans with the request form.
- Parent/ carers to contact their child's therapist and provide them with the In-School Therapy request form to complete therapist components.

### School:

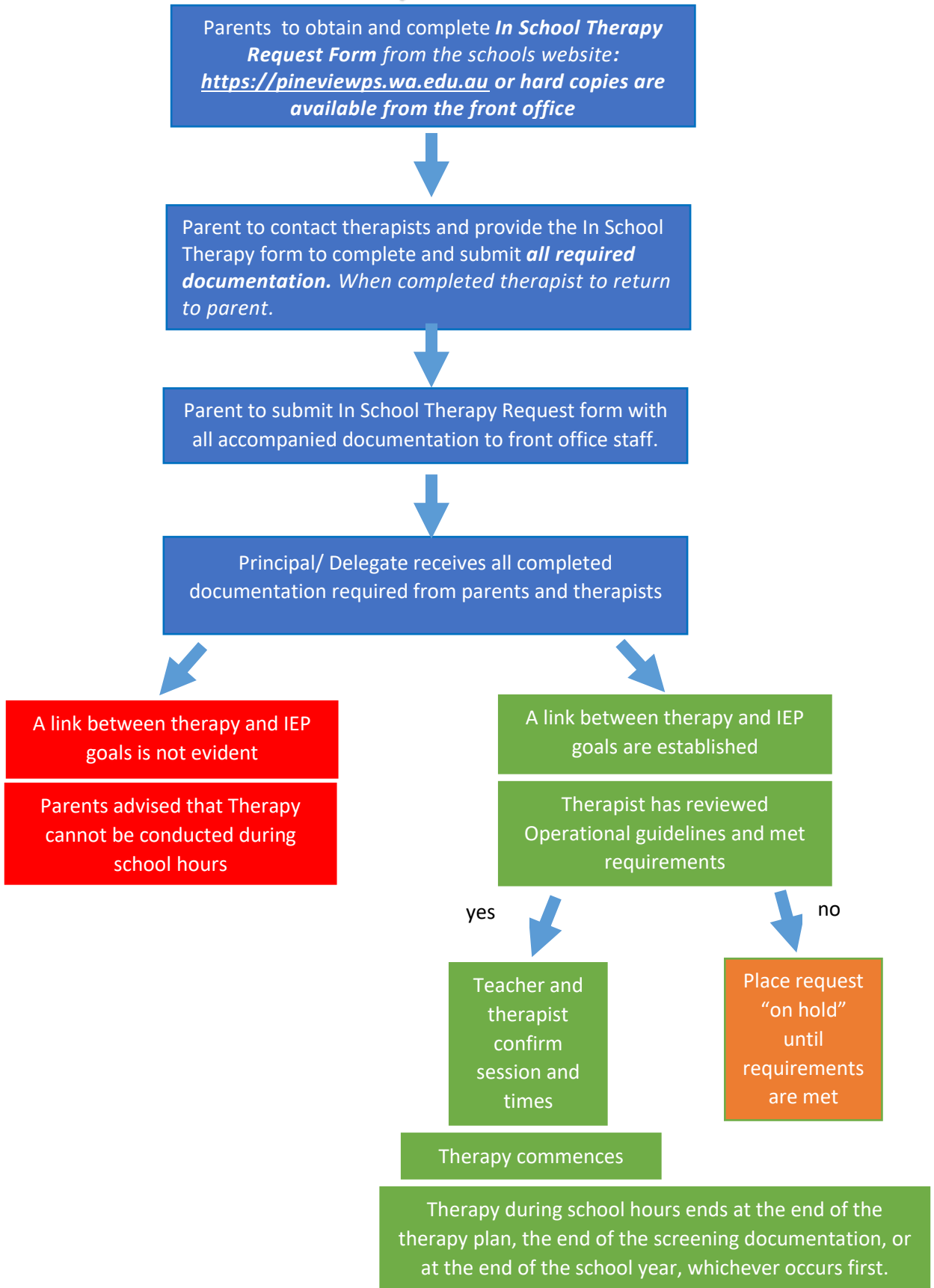
- Ensure all applications are processed in a timely manner.
- Principal/ delegate to review all documentation and determine how the therapy will promote/ support identified school outcomes.
- In school request decisions will be communicated directly to parents/ carers.
- For approved requests classroom teachers will contact the therapist via email to:
  - Confirm the agreed educational outcomes for the therapist to focus on
  - Arrange suitable time for sessions and onsite location
  - Establish a preferred communication process with therapist, and to ensure duty of care by nominating a suitable location for out of class therapy sessions.

### Therapy:

- Complete therapist components of the In School Therapy request form and provide the following documentation to accompany the submission.
  - Providers must have a valid [Working with Children \(WWC\) Check](#), or evidence they have submitted an application.
  - A [Nationally Coordinated Criminal History Check \(NCCHC\)](#) is:
    - required for service providers who will be at a school on more than 21 business days in a 12-month period
    - not required for service providers who will be at a school on less than 21 business days in a 12-month period
    - not required for providers who have a [NDIS Worker Screening Check](#).
    -
- Therapists must mutually arrange appropriate time/ mode (e.g. email) for feedback/ discussion following a therapy session.
- Therapists are to sign in and out at reception upon each visit.
- Upon first visit Therapists are to arrive 10- 15 minutes earlier to scheduled session to complete work health and safety induction for volunteers and therapists.
- Therapists to wear identification badge whilst on site.
- Observations will be permitted on a case-by-case basis, when deemed beneficial/ suitable by the principal/ delegate and teacher. Observations are to be in line with the student's education goals.



# PineView Primary



## Appendix 1



### 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.

<b>Student:</b>		<b>Class Teacher:</b>	
<b>Service Provision</b>	<b>Name of Organisation and Therapist</b>	<b>Email and phone contact</b>	<b>Copies of required documentation attached *Therapist to complete</b>
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.

<b>Frequency Of Service</b>	<b>Session Time (40 Min Sessions)</b>	<b>Duration of Service</b>
<input type="checkbox"/> Weekly	<b>Preferred day:</b>	<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)
<b>The following documentation <i>must</i> be attached to this request for approval</b> <input type="checkbox"/> The student's current therapy plan from the listed provider <input type="checkbox"/> The students current NDIS plan		
<b>Reasons for In-School therapy requests? Expected outcomes &amp; linked student IEP goals.</b>  <div style="border: 1px solid black; height: 40px;"></div>		
<input type="checkbox"/> 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.		<b>Parent/ Carer signature:</b>  <b>Date:</b>

Parent Acknowledgement	
Parent understands that principals may reconsider access for a provider at any time.	
<input type="checkbox"/> Parent understands additional information about the decision making process is available on the Department of Education's public website.	
<input type="checkbox"/> Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session.	
<input type="checkbox"/> Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.	
<input type="checkbox"/> Parent understands the school will not cover any costs associated with the provider's access to the student at school.	
<input type="checkbox"/> Parent gives consent for the release and exchange of information between the provider and the school.	
Parent name:	
Signature:	Date:

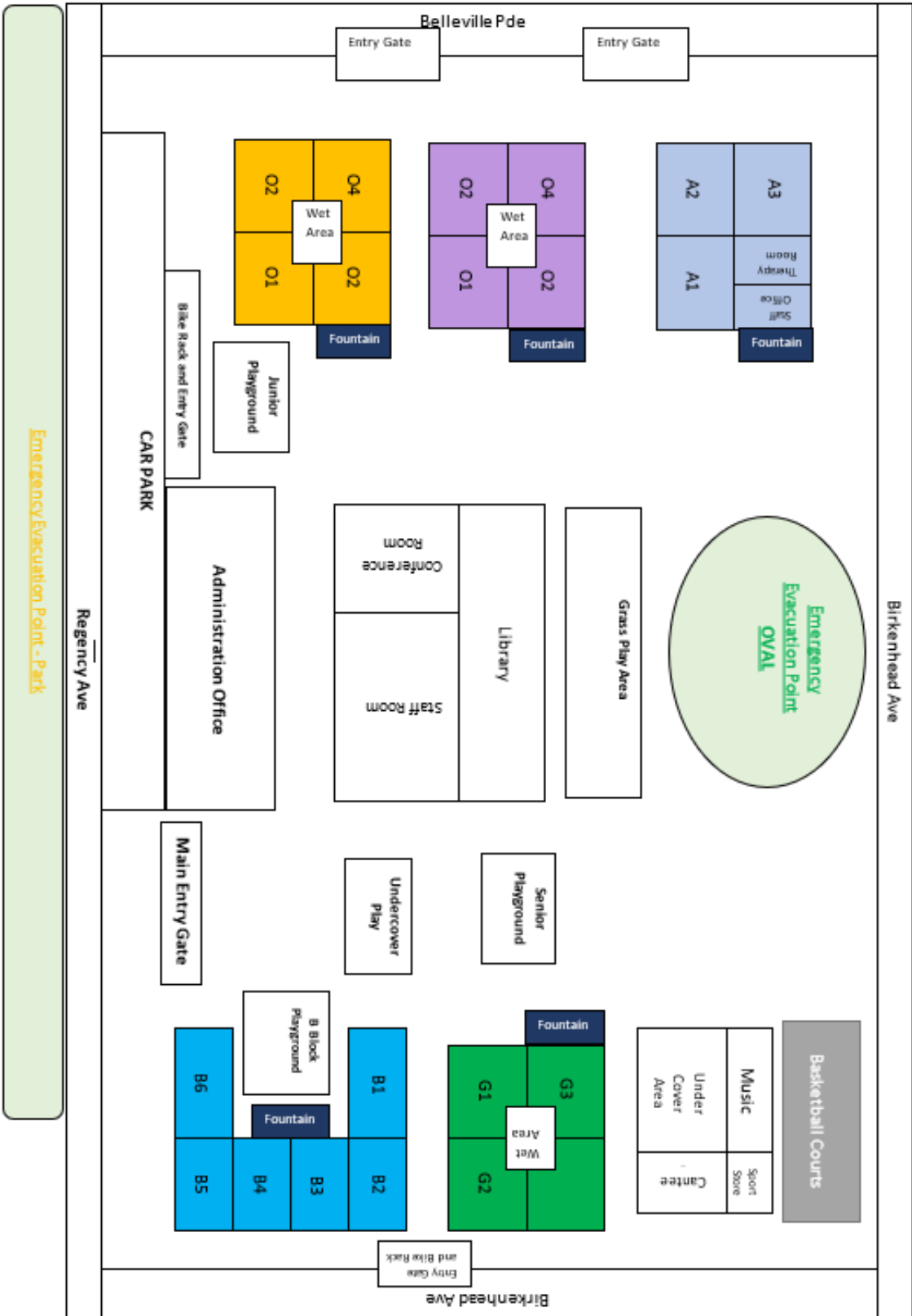
Provider Acknowledgement	
<input type="checkbox"/> Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. <b>Schools do not pay any costs for the provider to attend an onsite induction.</b>	
<input type="checkbox"/> Provider must understand and comply with Department of Education policies and school procedures.	
<input type="checkbox"/> Provider will notify the parent and school in writing should the details provided in the service schedule change.	
<input type="checkbox"/> 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).	
<input type="checkbox"/> Provider will provide a written handover at the end of the agreement period that includes: <ul style="list-style-type: none"> <li>• any ongoing risks for the student</li> <li>• recommendations for any further support for the student, their family or the school community</li> </ul>	
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:	
<ul style="list-style-type: none"> <li>• coordinate access to the student</li> <li>• complete school processes and record the student's withdrawal from class</li> <li>• provide access to agreed school facilities and equipment</li> </ul>	
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):			

## Appendix 2



Emergency Evacuation Point - Park