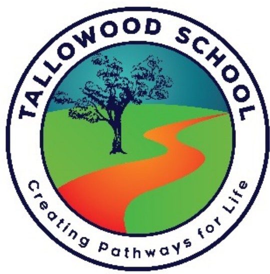

REQUEST FOR THERAPY SERVICE PROVISION IN SCHOOL 2024

This form is to be completed in advance of any NDIS service provision commencing in school.
***ONE** FORM MUST BE USED **FOR EACH** INDIVIDUAL THERAPIST REQUEST*

Student Name:		**Class:**	

Therapy Requested:	☐ Speech Therapy	☐ Occupational Therapy
☐ Physiotherapy	☐ Behaviour Support	☐ Other:
Organisation:	**Therapist's name:**	

What is your expected outcome to be achieved with this therapy? ***Please attach a copy of the student's NDIS plan goals (page 2 of NDIS plan documentation):***

Frequency of Service (e.g. weekly, fortnightly, one off)	**Session time (e.g. 30 minutes)**	**Duration of Service (e.g. Term 2)**

In some cases, the addition of visitors and guests in classrooms can disrupt or divert student focus during therapy sessions. In these cases, more focused therapy/ results can be achieved at external venues. Is the delivery of this service necessary during school hours?	☐ YES	☐ NO

To be completed by the Therapist:		
I consent to providing input into a review meeting with classroom staff?	☐ YES	☐ NO
I consent to providing regular written feedback to the classroom teacher regarding student therapy progress? (minimum once per school term)	☐ YES	☐ NO
Therapist's email address:		

Tallowood school reserves the right to terminate this agreement if at any time it is determined that in school therapy unduly disrupts the education of our students.

Therapist's Signature:	**Date:**

To be completed by the Parent	
Parent name:	**Parent email address:**
☐ I understand that a decision will be made regarding the provision of therapy services during school hours after extensive, collaborative consultation and negotiation with parents, carers, staff and the Learning and Support Team as appropriate.	

Parent's Signature:	Date:

Office use only					
Approved		**Declined**		**On Hold / Review**	

Deputy Principal's Signature:	Date:

More information required	
	Therapist organisation- the name of the company they work for
	Therapist's name (including surname)
	Therapist's email address
	Expected outcome- please note: an educational goal must be identified for therapy in school to proceed
	A copy of the student's NDIS plan goals
	Frequency of service request
	Length of the sessions required
	Duration of the service
	Therapist's consent to providing input into a review meeting with classroom staff
	Parent's contact email address
	Signed and dated by the parent

Actions (✓ when completed)					
Added to data base		**Scanned to file**		**Email outcome to parent**	