

School-based Therapy Provision 2021

OPERATIONAL GUIDELINES



REQUEST FOR SERVICE PROVISION BY THERAPIST TO BE CONDUCTED DURING SCHOOL HOURS

This form is to be completed by parents or carers in advance of any WA NDIS service provision commencing in school. One form may be used for multiple service requests.

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

Expected Outcome of goal or therapy

Frequency of Service	Session Time	Duration of Service
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 mins	<input type="checkbox"/> Term One
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 mins	<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		<input type="checkbox"/> Term Four

Will there be a clear link between the therapy service goal and an IEP/ITP/Big Plan goal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Will the Therapist be available to meet with the Teacher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<input type="checkbox"/> I give consent to share information amongst Therapists and Holland Street School. <input type="checkbox"/> I understand that a decision will be made regarding the provision of therapy services during school hours after a meeting with Admin/Therapist Liaison Officer 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

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