

Parent Written Request for the Delivery of a Therapy Service

This form is to be completed by parents or carers in advance of any service provision commencing in school. Information should be completed after reading the NSW Department of Education Information sheet for parents and carers – Requesting an NDIS-funded therapy service for your child at a NSW public school. **One form may be used for multiple service requests.**

There are 4 key steps for parents and carers who want an NDIS-funded service delivered in school:

1. Ask the school in writing
2. Meet with school staff to discuss details
3. The principal considers your request, taking into account the needs of your child, other students and the operations of the school
4. The principal lets you know whether or not the provider can deliver their services at the school.

Student Name:		Class Teacher:	
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Service Provision Requested:	Organisation Delivering Service:
Speech Therapy	
Occupational Therapy	
Physio Therapy	
Hydro Therapy	
Psychology	
Other	

NDIS goal of therapy service:

What is the expected outcome of the intervention:

What is the nature of the intervention			
<input type="checkbox"/> Observation in the classroom	<input type="checkbox"/> One to one therapy during class time	<input type="checkbox"/> Consultation with the teacher	<input type="checkbox"/> Other

Frequency of Service	Session Time	Duration of Service
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term One
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<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 the service relate to your child's personalised learning needs and agreed educational adjustments or supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Will you and the therapist be available to attend a meeting with the classroom teacher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> I understand that the meeting will help the principal to consider whether providing the service at school will fit with my child's personalised learning and support provisions and the operational arrangements at the school. This might include discussion of the times when the service would be provided.
<input type="checkbox"/> I understand that the principal will then need time to consider my request. A service provider will not be able to work in a school before approval has been given by the principal.
<input type="checkbox"/> I understand if the principal agrees to the service being delivered at school, the school will let me know and will enter into a written agreement with the therapy service provider.

As part of your role in your child's plan, you will have a service agreement with the provider you have chosen for your child's therapy support. This means you will continue to have a role when it is agreed that the service will be delivered at school.

I understand my role includes the following:

- Let the therapy provider know that the school has agreed they are able to work with your child at school at the agreed times and any other conditions. This information will be included in the written agreement with the school.
- Inform the therapy provider as soon as possible if your child is absent from school on a day on which the provider is supposed to go to the school.
- Inform the service provider if other activities at school mean that therapy cannot take place. For example, when sports carnivals, excursions, or special events or assemblies are scheduled.
- Inform the school if you stop using the service or change providers.
- Meet or talk regularly with school staff to review your child's personalised learning and support plan and talk about how the service is going.

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

Consent to Contact the NDIS

Please complete this form to give consent for the NSW Department of Education to talk to the National Disability Insurance Agency (NDIA) on your behalf.

My Child's Details

Child's name: _____

Date of birth: _____

Address: _____

NDIS number (if known): _____

Relationship to the child: _____

Contact phone number: _____

Consent and Signature

I give permission for a NSW Department of Education representative (listed below) to contact the NDIA on my behalf to follow up on my child's NDIS plan.

By signing this consent form, I understand I have given the department permission to ask for and share information about me and my child with the NDIA. I understand I can withdraw my consent at any time.

Name: _____

Signature: _____

Date: _____

Approved NSW Department of Education Representatives (up to 3)

Name	Position	Contact Details