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| **Fernhill School**  **Request for External Therapy (for parents to complete)** |
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| **STUDENT DETAILS** | | | |
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| **Student Name** |  | **Class and Teacher** |  |

*This form is to be completed by parents or carers in advance of any NDIS service provision commencing in school. Information should be completed after reading the Fernhill School – Guideline for the Provision of Therapy Services in School document. One form may be used for multiple service requests.*

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| **REQUEST DETAILS** | | | | | |
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| **Type of Provider** | | **Organisation Delivering service** | | | |
| * Speech Therapist * Occupational Therapist * Physiotherapist * Behaviour Support Worker * Other: | |  | | | |
| **OUTCOMES & GOALS** | | | | | |
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| Expected outcome or goal of therapy service | | | | | |
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| **DETAILS OF THERAPY REQUESTED** | | | | | |
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| Frequency of Service (e.g. weekly, monthly): | | | Duration of Service (e.g. Term 2) | | |
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| **DISCLAIMER** | | | | | |
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| * 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 * 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. * I agree to the therapist sharing their information on my child with the school. | | | | | |
| Signature |  | | | Date |  |