

REQUEST FOR NDIA SERVICE PROVISION TO BE CONDUCTED DURING SCHOOL HOURS

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 Newcastle School – Guideline for the Provision of Therapy Services in School document.

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

Expected outcome or goal of therapy service.

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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 there be a clear link between the therapy service goal and an ILP goal?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Will the therapist be available to attend a Learning Support Team Meeting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<input type="checkbox"/> I understand that a decision will be made regarding the provision of therapy services during school hours after a Learning and Support Team Meeting for my child. <input type="checkbox"/> I understand that should no suitable times or learning spaces be available in my child's class the request will be reviewed at the end of each semester.	Parent Signature Date
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	Approved		Declined		On Hold / Review	
						Principal Signature / Date