



## STRATHFIELD NORTH PUBLIC SCHOOL

### REQUEST FOR EXTERNAL SERVICE PROVISION (For parents to complete)

Student details			
<b>Student Name:</b>		<b>Class:</b>	
<b>Date of birth:</b>			
Request details			
Type of Provider	Type of Request	Therapist Details	
<input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Behaviour Support Worker <input type="checkbox"/> Other:	<input type="checkbox"/> Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Therapy at school	Name: Organisation:  Email: Contact number:	
Outcomes & Goals			
What goals are expected from the therapy? <b><i>Please attach a copy of student's NDIS plan goals (page 2 of NDIS plan documentation):</i></b>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If Yes, please outline why this is the case.</i>			
Parent consent			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I consent to the exchange of information between the school and the agency listed on this form.			
<b>Parent Signature</b>		<b>Date</b>	

#### School Use only

<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> On Hold/ Review	<b>Signature</b>		<b>Date</b>	
--	------------------	--	-------------	--