

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 - Guidelines for the Provision of Therapy Services in School document. One form may be used for multiple service requests.

Student Name:		Class Teacher:	
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Service Provision Requested:	Organisation Delivering Service:
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Hydrotherapy	
<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 a term		<input type="checkbox"/> Term Four

Expected outcome or goal of therapy service.

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

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