



HASSALL GROVE PUBLIC SCHOOL REQUEST FOR THERAPY SERVICE PROVISION IN SCHOOL

*This form is to be completed in advance of any NDIS service provision commencing in school.
ONE FORM MUST BE USED FOR EACH INDIVIDUAL THERAPIST REQUEST*

Student Name		Class	
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Therapy Requested: (circle one)	<ul style="list-style-type: none">• Speech Therapy	<ul style="list-style-type: none">• Occupational Therapy
<ul style="list-style-type: none">• Physiotherapy	<ul style="list-style-type: none">• Behaviour Support	<ul style="list-style-type: none">• Other:
Organisation:	Therapist Name: Phone no: Email:	

Funded By:	<ul style="list-style-type: none">• NDIS	<ul style="list-style-type: none">• Parent	<ul style="list-style-type: none">• Other: _____
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What is your expected outcome to be achieved with this therapy? Please attach a copy of the child's NDIS or private practice plan goals (page 2 of NDIS documentation)
<i>The purpose will need to align with the goals set out in your child's PLaSP</i>

Frequency of service (e.g. weekly, fortnightly, one off)	Session timing (e.g., 30 minutes)	Duration of Service (e.g., Term 2)

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? If yes, please state why:	<ul style="list-style-type: none">• Yes	<ul style="list-style-type: none">• No
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To be completed by the parent:	
Parent name:	
Parent email address:	
<ul style="list-style-type: none">• I understand that a decision will be made regarding the provision of therapy services during school hours after considering educational purpose, space, time, supervision and the school's duty of care obligations.	

Parents signature	Date: