

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 Requesting an NDIS-funded therapy service for your child at a NSW public school Information for Parents and Carers document. One form may be used for two service requests, additional forms are available upon request.

Student Name:		Class Teacher:	
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Service Provision Requested – Select 1			
<input type="checkbox"/> Speech	<input type="checkbox"/> Occupational	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Hydrotherapy
Therapist Name:		Organisation:	
Will the therapist be available to attend a Learning Support Team Meeting? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will there be a clear link between therapy goal and ILP goal? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Expected Educational Outcome or Educational Goal of therapy Service			
Frequency of Service	Session Time	Duration of Service	
<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Negotiated	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes	<input type="checkbox"/> Term 1 (Wk 5 onwards) <input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4

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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 service cannot commence. The request will be placed “on hold” and reviewed at the end of each semester.	Parent/Carer Signature
	Dated

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	<input type="checkbox"/> ON HOLD/REVIEW	Principal Signature / Dated
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