



Therapy Request Form

This form is to be completed by parents or carers in advance of any service provision commencing at school. Information should be completed after reading the NSW Department of Education information sheet for parents and carers.

Student name: _____ Student class: _____

External provider name: _____

External provider email: _____

External provider phone: _____

Service requested	Nature of the intervention	Frequency
<input type="checkbox"/> Behavioural Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Other	<input type="checkbox"/> Observation visit only <input type="checkbox"/> Ongoing therapy sessions <input type="checkbox"/> Meeting with the teacher <input type="checkbox"/> Other	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice per term <input type="checkbox"/> Other

I understand that:

- This request does not guarantee that the service provider will automatically be approved and that, if approved, the time period, location within the school and specific goals will be negotiated prior to commencement.
- The service provider is required to complete an induction process before commencement and must also provide a Working With Children Check number.
- I must inform the service provider as soon as possible if my child is absent from school on a day in which the provider is supposed to go to school.
- I must inform the service provider if other activities at school mean that therapy cannot take place (eg sports carnivals, excursions, special events or assemblies).
- I must inform the school if I stop using the service or change providers.

Parent/carer name: _____

Parent/carer signature: _____ Date: _____

Principal approval

- Approved
- Declined

Principal's name: _____

Signature: _____ Date: _____