

## EAST HILLS BOYS HIGH SCHOOL

## Parent Request for External Therapy Services Providers in School

This form is to be completed by parents or carers to request external therapeutic service providers to engage in sessions on school premises. This form should be completed after reading East Hills Boys High School Guidelines for External Therapy Provision and The Department of Education Information for Parents. This form is to be filed in the Student Record Cards.

		PARENT /	CARE	R TO CO	MPLETI	E THIS	<b>SECTION</b>	
Student Name					Date of Bir	th		
Year Advisor					Roll Class			
Time and o	day t	al Service Prov o be determine ity of a suitable	d in co	nsultation w	ith Suppo	rt Teach		nd will be conditional
Occupational The <u>Occupational Therapy - Info</u> <u>Sheet.v.2.PDF (det.nsw.ed</u>	<b>)</b>	Physiotherapy FactSh (det.nsw.edu.au)		Speech P     Speech Therapy     (det.nsw.edu.au)	FactSheet.PDF		rcise Physiology hysiology_FactSheet.P w.edu.au)	Other (Please specify) SpecialistBehaviour_FactSheet2. PDF (det.nsw.edu.au)
<ul> <li>Weekly</li> <li>Fortnightly</li> <li>Monthly</li> <li>Other (Please sp</li> </ul>	becify)		□ 45 □ 60	-minute sess -minute sessi -minute sessi ner (Please spe	on on		<ul> <li>Private Spanne Spanne Semi-Priva</li> <li>Semi-Priva Can have oth other student</li> </ul>	n the area te Space er providers working with
on the availa have suitable I understand regarding the LST/SEF. I understand request will b I understand the service provid I understand i I understand excursions et will not be present	bility space that provenders that e pla hat b ded to t is m that c) that c) that t from am t opy c	of a suitable lead ce available, I w a decision to a vision of therapy stand this process should no suitable ced "on hold" ar y signing this do o my son/ward a y responsibility f it is my respons at might occur b t at school on a f t is my respons at school (hence responsible for r	arning s ill seek allow ar y servic ss migh ole time ocument at schoo to monit sibility to day sch ibility to the ses notifying	pace availab alternative ar External Se es during sch t take up to th s or learning wed at the er t, I consent to of with the LS for that the se o monitor ses school and th eduled. inform both ssion) ie sick, the school if	e at schoo rangement ervice Prov nool hours wo weeks. spaces be nd of each t o the Servic T/SEF. essions are ssion and p herapy app the school leave, etc I terminate	ol. If it is s. after to after a r available erm. e provid occurring otential c ointmen and Ext the prove at school (n	s determined the work with my s eview of its ap e the service ca er disclosing the g in accordance alendar clashes ts and to notify t ernal Service P rider's services.	ard will be conditional at the school does not on/ward will be made propriateness with the annot commence. The e details of the therapy to agreed dates/times. (ie major assemblies, the provider if my child rovider if my son/ward
Parent/Carer Sig	jnatu	re & Date:	/_		<u> </u>			

SE	<b>RVICE PROVIDE</b>	RS TO C	OMPL	ETE	THIS	SECT	ION		
	(Each therap	pist to compl	ete an inc	dividua	al page)				
Occupational Therapy     Occupational Therapy - Info     Sheet.v.2.PDF (det.nsw.edu.au)	Physiotherapy     Physiotherapy FactSheet2.PDF     (det.nsw.edu.au)	Speech I     Speech Therapy     (det.nsw.edu.au)	y_FactSheet.F			se Physiolo <u>ology_FactSl du.au)</u>	heet.P S		ease specify) our_FactSheet2. u.au)
Name of Therapist:	<u> </u>		Name o	of Orga	anisatio	n:			
Email:			Phone:						
Therapy provided by r	me will support the follow	ving education	onal goal:						
and/or Therapy provid	led by me will support a	another goal	that has	been	identifie	ed by the	e familv	or therap	ist and has
been discussed with th							· · • · · · · · · · · · · · · · · · · ·	•••••••	
Please write down the	goal for the student, e.c	g. At the con	clusion of	f these	e sessio	ns, the s	tudent	will	
						,			
Understand for this	proposal is acceptable,	Lwill pood to	oomplot	o oddi	tional de	oumont			viromonto
	https://education.nsw.gov.au/conte						•	•	
	Engagement_Agreement.docx & session as described c								
student.		oulu lake up		ns an	u neeus		mpiete		
	e exchange of informati						vices to	o the abov	e-named
	ast Hills Boys High Scho am entering into a positiv						iah Sch	nool and w	ill adhere
to confidentiality. Ι ι	understand I am reportin	ig about the	individua	l child	and the	eir agreed	dupon	goals.	
	am to provide the school e frame communicated			jress t	owards	agreed u	ipon go	als of eac	h student
	e agreement will be rev			ach te	rm to de	etermine	if the se	ervice prov	vision will
continue or not.									
Proposed Days and	Times (Please supply optior	ns):	PERIOD	MONDAY	PERIOD	TUESDAY SPORT DAY	PERIOD	WED, THU, FRI A	FRI B
Ontion 1:			FIRST BELL	8:47	FIRST BELL	8:47	FIRST BELL	8:47	8:47
			ROLL CALL Assembly	8:50	ROLL CALL	8:50	ROLL CALL	8:50	PBL/RC 8:50
Option 2:			PERIOD 1 PERIOD 2	9:10	PERIOD 1 PERIOD 2	9:00	PERIOD 1 PERIOD 2	9:00	9:20
Option 3:			BREAK 1	11:10	BREAK 1	10:50	BREAK 1	11:00	11:10
			PERIOD 3	11:40	PERIOD 3	11:15	PERIOD 3	11:30	11:40
Therapist Signature &	& Date:		BREAK 2	12:40	BREAK 2	12:15	PERIOD 4	12:30	12:35
	/	/	PERIOD 4 Meetings	1:10	SPORT	12.45 - 2.20 2.20 - 2.30	BREAK 2 PERIOD 5	1:30	1:30
				2.10	ROLL CALL	2.20 2.30	. LNDD 3	2.00 - 3:00	2.007 - 0.000

Date received by school:	//	Date discussed at the LS	Г Meeting://
LST/SEF recommendation:	d 🗆 On Hold	Review Date:	/
Progress Report from servic supplied every:	e provider requested to be	Comments:	
Status of Service Provision	Request after discussion	with Principal	
Approved		Declined	On Hold
LST/SEF informed parents, v	via email/phone, of final de	cision:///	
Principal Signature & Date:			_
ducation/inside-the-department/teaching-and- blowing: the impact of the service on a studer or the benefit of all students, and the capacity to upplied by the External Therapy Services Prov	earning/inclusive-education/ndisexterned t's access to the curriculum, the impact observe or supervise the delivery of the rider on the Declaration for child-related	nal-providers/External Provider Eng of the service on other students, the service. The LST/SEF will make a rec workers (nsw.gov.au) the BM or SAI	n <u>https://education.nsw.gov.au/content/dam/mair</u> agement Agreement.docx and consider th ability to maintain business as usual at the schor commendation to the principal. From the informatio <i>M</i> will check eCPC to ensure the screening request termined by the principal as to whether the service
ducation/inside-the-department/teaching-and- blowing: the impact of the service on a studer or the benefit of all students, and the capacity to upplied by the External Therapy Services Prov or individual service provider has been returned	earning/inclusive-education/ndisexterned t's access to the curriculum, the impact observe or supervise the delivery of the rider on the Declaration for child-related	nal-providers/External Provider Eng of the service on other students, the service. The LST/SEF will make a rec workers (nsw.gov.au) the BM or SAI	agement Agreement.doox and consider the ability to maintain business as usual at the schoo commendation to the principal. From the information of will check eCPC to ensure the screening request
ducation/inside-the-department/teaching-and- ollowing: the impact of the service on a studer or the benefit of all students, and the capacity to upplied by the External Therapy Services Prov or individual service provider has been returned vill be conducted at school.	earning/inclusive-education/ndisexterned t's access to the curriculum, the impact observe or supervise the delivery of the rider on the Declaration for child-related	nal-providers/External_Provider_Eng of the service on other students, the service. The LST/SEF will make a rec workers (nsw.gov.au) the BM or SAF evel C). The Final decision will be der	agement Agreement.doox and consider the ability to maintain business as usual at the schoor commendation to the principal. From the information <i>M</i> will check eCPC to ensure the screening request termined by the principal as to whether the service
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ducation/inside-the-department/teaching-and- ollowing: the impact of the service on a studer or the benefit of all students, and the capacity to upplied by the External Therapy Services Pro- or individual service provider has been returned vill be conducted at school.	earning/inclusive-education/ndisexter t's access to the curriculum, the impact observe or supervise the delivery of the vider on the <u>Declaration for child-related</u> as clear (as a volunteer/contractor (le e External Therapy Services Provider is Parents/Carers should contact Provider to confirm that the serv Parents/Carers are responsible Therapy Services Provider. If the student will be absent from Services Provider to confirm session st email to the parent/carer, therapist and	nal-providers/External Provider Eng of the service on other students, the service. The LST/SEF will make a rec workers (nsw.gov.au) the BM or SAI wel C). The Final decision will be de approved to work with the student at the External Therapy Services ce can commence. o notify the school &/or External school art date. admin personnel who ensures it is wr	agement Agreement.docx and conside ability to maintain business as usual at the commendation to the principal. From the infor <i>I</i> will check eCPC to ensure the screening r termined by the principal as to whether the s school. Parents/Carers are informed tha stage we are unable to accomm the External Therapy S Provider. They have the option c on the waiting list to be reviewed term or to seek alte arrangements.