



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 / CARER TO COMPLETE THIS SECTION

Student Name		Date of Birth	
Year Advisor		Roll Class	

- **Type of External Service Provider (including frequency and session length)**
- **Time and day to be determined in consultation with Support Teacher/Therapist and will be conditional on the availability of a suitable learning space available at school**

<input type="checkbox"/> Occupational Therapy Occupational Therapy - Info Sheet.v.2.PDF (det.nsw.edu.au)	<input type="checkbox"/> Physiotherapy Physiotherapy FactSheet2.PDF (det.nsw.edu.au)	<input type="checkbox"/> Speech Pathology Speech Therapy FactSheet.PDF (det.nsw.edu.au)	<input type="checkbox"/> Exercise Physiology ExercisePhysiology FactSheet.PDF (det.nsw.edu.au)	<input type="checkbox"/> Other (Please specify) SpecialistBehaviour FactSheet2.PDF (det.nsw.edu.au)
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<input type="checkbox"/> Weekly	<input type="checkbox"/> 30-minute session	<input type="checkbox"/> Private Space Noone else in the area
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 45-minute session	
<input type="checkbox"/> Monthly	<input type="checkbox"/> 60-minute session	
<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Other (Please specify) _____	

- I understand that a decision to allow an External Service Provider to work with my son/ward will be conditional on the availability of a suitable learning space available at school. If it is determined that the school does not have suitable space available, I will seek alternative arrangements.
- I understand that a decision to allow an External Service Provider to work with my son/ward will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the LST/SEF. I understand this process might take up to two weeks.
- I understand that should no suitable times or learning spaces be available the service cannot commence. The request will be placed "on hold" and reviewed at the end of each term.
- I understand that by signing this document, I consent to the Service provider disclosing the details of the therapy service provided to my son/ward at school with the LST/SEF.
- I understand it is my responsibility to monitor that the sessions are occurring in accordance to agreed dates/times.
- I understand that it is my responsibility to monitor session and potential calendar clashes (ie major assemblies, excursions etc) that might occur between school and therapy appointments and to notify the provider if my child will not be present at school on a day scheduled.
- I understand that it is my responsibility to inform both the school and External Service Provider if my son/ward will be absent from school (hence the session) ie sick, leave, etc
- I understand I am responsible for notifying the school if I terminate the provider's services.
- Attached is a copy of the current [Organising for your child to get NDIS-funded support at school \(nsw.gov.au\)](#)

Parent/Carer Name:	Email Address:
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Parent/Carer Signature & Date: _____ / ___ / ____

SERVICE PROVIDERS TO COMPLETE THIS SECTION

(Each therapist to complete an individual page)

<input type="checkbox"/> Occupational Therapy Occupational Therapy - Info Sheet v.2.PDF (det.nsw.edu.au)	<input type="checkbox"/> Physiotherapy Physiotherapy FactSheet2.PDF (det.nsw.edu.au)	<input type="checkbox"/> Speech Pathology Speech Therapy FactSheet.PDF (det.nsw.edu.au)	<input type="checkbox"/> Exercise Physiology ExercisePhysiology FactSheet.PDF (det.nsw.edu.au)	<input type="checkbox"/> Other (Please specify) SpecialistBehaviour FactSheet2.PDF (det.nsw.edu.au) _____
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Name of Therapist:	Name of Organisation:
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Email:	Phone:
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Therapy provided by me will support the following educational goal:

and/or Therapy provided by me will support another goal that has been identified by the family or therapist and has been discussed with the school.

Please write down the goal for the student, e.g. At the conclusion of these sessions, the student will....

- I understand for this proposal is acceptable, I will need to complete additional documents as per DoE requirements ie https://education.nsw.gov.au/content/dam/main-education/inside-the-department/teaching-and-learning/inclusive-education/ndis--external-providers/External_Provider_Engagement_Agreement.docx & [Declaration for child-related workers \(nsw.gov.au\)](#) + [Tips for collaboration.pdf \(nsw.gov.au\)](#). Clearance for these session as described could take up to 2 weeks and needs to be completed each term for this student.
- I give consent for the exchange of information pertaining to the provision of therapy services to the above-named student between East Hills Boys High School and the student's parents/carers.
- I understand that I am entering into a positive working partnership with East Hills Boys High School and will adhere to confidentiality. I understand I am reporting about the individual child and their agreed upon goals.
- I understand that I am to provide the school with updates on progress towards agreed upon goals of each student in a determined time frame communicated by the school.
- I understand that the agreement will be reviewed at the end of each term to determine if the service provision will continue or not.

<p>Proposed Days and Times (Please supply options):</p> <p>Option 1: _____</p> <p>Option 2: _____</p> <p>Option 3: _____</p> <p>Therapist Signature & Date:</p> <p>_____ / ____ / ____</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>PERIOD</th> <th>MONDAY</th> <th>PERIOD</th> <th>TUESDAY SPORT DAY</th> <th>PERIOD</th> <th>WED, THU, FRI A</th> <th>FRI B</th> </tr> </thead> <tbody> <tr> <td>FIRST BELL</td> <td>8:47</td> <td>FIRST BELL</td> <td>8:47</td> <td>FIRST BELL</td> <td>8:47</td> <td>8:47</td> </tr> <tr> <td>ROLL CALL Assembly</td> <td>8:50</td> <td>ROLL CALL</td> <td>8:50</td> <td>ROLL CALL</td> <td>8:50</td> <td>PBL/RC 8:50</td> </tr> <tr> <td>PERIOD 1</td> <td>9:10</td> <td>PERIOD 1</td> <td>9:00</td> <td>PERIOD 1</td> <td>9:00</td> <td>9:20</td> </tr> <tr> <td>PERIOD 2</td> <td>10:10</td> <td>PERIOD 2</td> <td>9:55</td> <td>PERIOD 2</td> <td>10:00</td> <td>10:15</td> </tr> <tr> <td>BREAK 1</td> <td>11:10</td> <td>BREAK 1</td> <td>10:50</td> <td>BREAK 1</td> <td>11:00</td> <td>11:10</td> </tr> <tr> <td>PERIOD 3</td> <td>11:40</td> <td>PERIOD 3</td> <td>11:15</td> <td>PERIOD 3</td> <td>11:30</td> <td>11:40</td> </tr> <tr> <td>BREAK 2</td> <td>12:40</td> <td>BREAK 2</td> <td>12:15</td> <td>PERIOD 4</td> <td>12:30</td> <td>12:35</td> </tr> <tr> <td>PERIOD 4</td> <td>1:10</td> <td>SPORT</td> <td>12.45 - 2.20</td> <td>BREAK 2</td> <td>1:30</td> <td>1:30</td> </tr> <tr> <td>Meetings</td> <td>2:10</td> <td>SPORT ROLL CALL</td> <td>2.20 - 2.30</td> <td>PERIOD 5</td> <td>2:00 - 3:00</td> <td>2:00 - 3:00</td> </tr> </tbody> </table>	PERIOD	MONDAY	PERIOD	TUESDAY SPORT DAY	PERIOD	WED, THU, FRI A	FRI B	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	PERIOD 1	9:10	PERIOD 1	9:00	PERIOD 1	9:00	9:20	PERIOD 2	10:10	PERIOD 2	9:55	PERIOD 2	10:00	10:15	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	BREAK 2	12:40	BREAK 2	12:15	PERIOD 4	12:30	12:35	PERIOD 4	1:10	SPORT	12.45 - 2.20	BREAK 2	1:30	1:30	Meetings	2:10	SPORT ROLL CALL	2.20 - 2.30	PERIOD 5	2:00 - 3:00	2:00 - 3:00
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EAST HILLS BOYS HIGH SCHOOL TO COMPLETE THIS SECTION

Date received by school: _____/_____/_____	Date discussed at the LST Meeting: _____/_____/_____	
LST/SEF recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> On Hold	Review Date: _____/_____/_____	
Progress Report from service provider requested to be supplied every:	Comments:	
Status of Service Provision Request after discussion with Principal		
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> On Hold
LST/SEF informed parents, via email/phone, of final decision: _____/_____/_____		
Principal Signature & Date: _____ /_____/_____		

FLOW CHART OF ACTIONS

