

Ocean Shores Public School 2023

Request for service provision to be conducted during school hours



This form is to be completed by parents/carers in advance of any NDIS service provision commencing on school premises.

Student Name	
---------------------	--

Service Provision Requested	Organisation Delivering Service
Speech Therapy	
Occupational Therapy	
Other	

Expected outcome or goal of therapy service.

Frequency of Service	Session Time	Duration of Service
Weekly	30 minutes	Term 1
Fortnightly	60 minutes	Term 2
Monthly	Other	Term 3
1-2 times per term		Term 4

Therapy Goals	YES	NO
Will there be a clear link between the therapy service goals and the goals outlined in the school's Personalised Learning and Support Plan for my child?		
Will the therapist be available to attend a Learning Support Team Meeting if required?		

Conditions	YES	NO
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.		
I understand that should no suitable times or learning spaces be available on school premises, the service cannot commence. The request will be placed on hold and reviewed each semester.		
I have provided the school with my child's most recent therapist assessment information.		
I understand that my child's service provider is required to provide all session notes in PDF form to: oceanshore-p.school@det.nsw.edu.au.		

Parent Signature	Date
------------------	------

Approved	Declined	On Hold/Review
Principal Signature	Date	