**Parent initiated service provider for students with disability request form**

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours.

Notes:

* This form relates to external service providers only. It is not required for the Department of Education’s specialist schools and their teaching staff, who may provide services on school sites.
* Complete a separate form for each provider that you are requesting access for.

Your school will consider your request in line with the:

* duty of care to staff and students
* student’s educational and wellbeing needs
* ability of the student to access the service outside school hours or through existing Department programs
* provider’s use of school facilities and resources.

Your school may ask you or the provider to provide additional information. It is your responsibility to make sure this information is provided.

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| **Student details** |
| **Given names** | **Surname** | **Date of birth** |
| Click or tap here to enter student’s given name. | Click or tap here to enter student’s surname. | Click or tap to enter a date. |

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| **Parent details** |
| **Name** | **Email address** | **Contact number** |
| Click or tap here to enter parent name. | Click or tap here to enter parent email address. | Click or tap here to enter parent contact number. |
| **Name** (if applicable) | **Email address** | **Contact number** |
| Click or tap here to enter second parent name. | Click or tap here to enter second parent email. | Click or tap here to enter second parent contact number. |

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| **Information about the support to be provided** |
| **What is the type of support to be provided**? |
| Click or tap here to enter text. |
| **How often will the support be provided**?Include the days of the week and time of day. For example every Friday 11am to 12pm.  |
| Click or tap here to enter text. |
| **How long will the support be in place for**? For example from 1 February 2023 to 6 April 2023.  |
| Click or tap here to enter text. |
| **Why does the support need to be provided at school, during school hours?** |
| Click or tap here to enter text. |

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| **Provider details** |
| **Provider name** | **Is the provider registered with the NDIS**?Select one: [ ]  Yes [ ]  No [ ]  Unsure |
| Click or tap here to enter text. |
| **Provide any other information or documents about the support** This may include reports or information from the provider with details of the support to be provided and facilities required. |
| Click or tap here to enter text. |

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| **Parent signature**  | **Date** |
|  | Click or tap to enter a date. |

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| **School to complete (for office use only)** |
| **Date request received** | Click or tap to enter a date. | **Date request acknowledged** | Click or tap to enter a date. |
| **Consultation date** | Click or tap to enter a date. | **Request approved** | [ ]  Yes [ ]  No |
| **Date parent advised of outcome**  | Click or tap to enter a date. | **Approving staff member** | Click or tap here to enter text. |
| **Notes** | Click or tap here to enter text. |