#### https://detwww.det.nsw.edu.au/media/downloads/intranet/thelogo/DoE/Black/DoE_Logo_K_RGB.pngBATES-DRIVE-LOGO-RGB-large-01

#### Our School Our Community

#### BATES DRIVE SCHOOL

***EXCEPTIONAL LEARNING OPPORTUNITIES FOR ALL***

**REQUEST FOR EXTERNALLY FUNDED SERVICE PROVISION TO BE CONDUCTED DURING SCHOOL HOURS**

This form is to be completed by parents or carers in advance of any externally funded service provision commencing in school. Information should be completed after reading the Bates Drive School – Guidelines for External Service Provision in Schools document. One form may be used for multiple service requests.

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| --- | --- | --- | --- |
| **Student Name:** |  | **Class Teacher:** |  |

|  |  |
| --- | --- |
| **Service Provision Requested:** | **Organisation Delivering Service and name of person delivering the**  **service** |
| * Speech Therapy |  |
| * Occupational Therapy |  |
| * Physiotherapy |  |
| * Psychology / Behaviour support |  |
| * Other |  |

|  |
| --- |
| **Expected Outcome or Goal of Service Provision:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Frequency of Service** | **Session Length** | **Duration of Service** |
| * Weekly | * 30 minutes | * Term One |
| * Fortnightly | * 60 minutes | * Term Two |
| * Monthly | * Other: | * Term Three |
| * Once or twice per term |  | * Term Four |

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| --- | --- | --- |
| Will there be a clear link between the service provision and a PLP goal? | * YES | * NO |

|  |  |  |
| --- | --- | --- |
| Will the service provider be available to attend a planning meeting with  the class teacher? | * YES | * NO |

|  |
| --- |
| I give permission for school staff to share the following information about my child with the service provider: |
| * Personalised Learning Plan |
| * Student Profile |
| * Health Care Plan |
| * Positive Behaviour Support Plan |
| * Risk Management Plan |
| * Previous Reports |

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| --- | --- | --- | --- |
| * **I understand that a final decision will be made regarding the provision of services during school**   **hours after a meeting with the service provider and my child’s teacher.** | | | |
| * **I understand that should no suitable times or learning spaces be available in my child’s class the**   **service cannot commence. The request will be placed “on hold” and reviewed at the end of each**  **semester.** | | | |
| * **I understand that it is my responsibility to inform the service provider of the outcome of this**   **request.** | | | |
| * **I understand that, if the program is approved, it is my responsibility to inform the service provider**   **if my child is absent from school or where an alteration to school routine will affect the**  **scheduled sessions.** | | | |
| **Parent Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Request Outcome:** | |
| * Authorised | * Declined |

|  |  |
| --- | --- |
| **Supervisor Name:** |  |
| **Supervisor Signature:** |  |
| **Date:** |  |