

A *Request for Therapy Service Provision During School Hours* is to be completed by parents. Information should be completed after reading the *Mainsbridge School – Guideline for the Provision of Therapy Services in School* document.

Therapist Details		
Name:		D.O.B.
Position:		
Organisation:		
Organisation Address:		
Email Address:		
Phone Contacts:	(w)	(m)

Student Name		Class Teacher	
Service Provision Requested:			
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Other:			
Expected outcome or goal of therapy service			
Will there be a clear link between the therapy service goal and PLP goal?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Frequency of Service	Session Length	Duration of Service	
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes	<input type="checkbox"/> Term One	
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Term Two	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:	<input type="checkbox"/> Term Three	
<input type="checkbox"/> Once or twice per term		<input type="checkbox"/> Term Four	

Preferred Day of the week: Please list 3:		Preferred Time of Day: Please list 3 options during our class sessions	
		Session 1: 9:00-10.30	
		Session 2: 11:30 – 1.00	
		Session 3: 1.30 - 3.00	
<input type="checkbox"/> I understand that a decision will be made regarding the provision of therapy services during school hours after a review of its appropriateness with the class teacher and the student’s parents or carers. <input type="checkbox"/> I understand that should no suitable times or learning spaces be available in the student’s class the service cannot commence. The request will be placed “on hold” and reviewed at the end of each semester.			
Therapist Signature:		Parent Signature:	
<input type="checkbox"/> I authorise Mainsbridge School and the above mentioned provider to share relevant information regarding my child.			
Parent Signature:			
<b>To be completed by Mainsbridge School</b>			
Status of Service Provision Request			
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> On Hold	
Principal Signature:			
Time and Date of first session			