MARTIN'S GULLY PUBLIC SCHOOL

2025 Parent Request for the Provision of Therapy Services in School

This form is to be completed by parents or carers in advance of any therapeutic service provision commencing in school. This form is to be filed in the Student Record Card.

PARENT/CARER TO COMPLETE THIS SECTION

Student Name:	Date of Birth:
Class Teacher:	Year Level:

Service Provision Requested
(Please select requested therapy, frequency and session length)

☐ Speech Therapy	☐ Occupational Therapy	☐ Social Worker	☐ Other (Please Specify)
☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice a term ☐ 30-minute session ☐ 45-minute session Name of Therapist:	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice a term ☐ 30-minute session ☐ 45-minute session Name of Therapist:	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice a term ☐ 30-minute session ☐ 45-minute session Name of Therapist:	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Once or twice a term ☐ 30-minute session ☐ 45-minute session Name of Therapist:

Time and Day are to be determined in consultation with the Learning and Support Coordinator and Therapist. Parents are to be notified and kept up to date of any changes through communication with the Therapist/s.

I understand that a decision will be made regarding the provision of therapy services during the school hours after a review of its appropriateness with the Learning Support Team. 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 give consent for the provision of therapy services in my child's school and for the exchange of information regarding my child between the school and the therapy service provider listed.

☐ I understand that it is my responsibility to monitor bookings and clashes that might occur between school and therapy appointments (major assemblies, excursions etc) and to notify the provider if my child will not be present at school on a day scheduled for service delivery at the school.

☐ I understand I am responsible for notifying the school if I terminate the provider's services.

☐ I understand it is my responsibility to monitor that the sessions are occurring in accordance to agreed dates/times.

☐ I understand the Principal can review and cease any agreements at any time.

Parent/Carer Name:	Email Address:
Parent/Carer Signature:	Date: