



# Parent/Carer Request Form

## Parent initiated service provider for students with disability

Parents may use this form to initiate a conversation with the school when wanting service providers, such as therapy services, access to their child while at school. Schools may also have their own form, discuss the request with your school in the first instance.

Our schools are committed to providing quality education to all students in a safe, inclusive and caring learning environment. We value working in partnership with parents and families to develop educational goals and options for input into student's learning outcomes.

### Important information about the request:

Requests for access will be at the discretion of the school. The school will consider the duty of care to staff and students, the student's educational and wellbeing needs, the ability of the student to access the service outside school hours or through existing Department programs, and the provider's use of school facilities and resources.

Student details		
<b>Given names:</b> Click or tap here to enter text.	<b>Surname:</b> Click or tap here to enter text.	<b>Date of birth:</b> Click or tap here to enter text.
Parent details		
<b>Name:</b> Click or tap here to enter text.	<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
<b>Name:</b> (only if applicable) Click or tap here to enter text.	<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
Information about the support your child needs access to at school and during school hours.		
Please complete another form if the request includes more than one provider.		
<b>What is the type of support you are asking to be provided?</b> Click or tap here to enter text.		
<b>How often will the support be provided?</b> (what days of the week and at what time of day e.g. once a week on Friday from 11 am to 12 pm, or once every second Friday from 11am to 12pm). Click or tap here to enter text.		
<b>How long will the support need to be in place for?</b> (e.g. from 1 January 2019 to 23 February 2019).		

Click or tap here to enter text.

**Please outline why the support needs to be provided at school, during school time.**

Click or tap here to enter text.

### Provider details

**Name of the provider**

Click or tap here to enter text.

**Is the provider registered with the NDIS?**

Please select one:  Yes  No  Unsure

**Please 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.

**Parent signature**

Click or tap here to enter text.

**Date:**

Click or tap here to enter text.

Note: Additional information relating to this request may be required from parents or the provider and it will be the responsibility of parents to ensure that such information is provided.

### School may complete (For office purposes only)

**Date request received**

Click or tap here to enter text.

**Date request acknowledged**

Click or tap here to enter text.

**Consultation date**

Click or tap here to enter text.

**Request approved**

Yes  No

**Date parent advised of outcome**

Click or tap here to enter text.

**Approving staff member**

Click or tap here to enter text.

**Reason**  
(if request not approved)

Click or tap here to enter text.