NORTH NOWRA PUBLIC SCHOOL

75 Judith Drive NORTH NOWRA NSW 2541
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Ph: 02 4422 7045

REQUEST FOR NDIS SERVICE 2025

*This form is to be completed by parents or carers **in advance** of any NDIS service provider contacting or commencing in* school. Information should be completed after reading the North Nowra Public School Guidelines for Therapy Provision.

Student Name:		Class Teacher:	
Therapist Name & Company:		Number:	

□ In School Delivery □ Off Site Delivery

NDIS plan contract date from……**to**……
(Max of 6 Months)

Therapist Name:	
□ Speech Therapy	
□ Occupational Therapy	
□ Physiotherapy	
□ Other:	

Expected PLP outcome or goal of therapy service. (This MUST link with an educational outcome)

Frequency of Service	Session Time	Duration of Service	
□ Weekly	□ 30 minutes	□ Term One	
□ Fortnightly	□ Other:	□ Term Two	
□ Monthly		□ Term Three	
□ Once or twice per term		□ Term Four	
Is there a clear link between the therapy service goal and a PLP goal? (identified in PLP)		□ YES	□ NO

Will the therapist be available to attend scheduled meetings?	□ YES	□ NO

Times available for the service to be provided during school hours	
Day and times therapist is proposing to provide service ☐ School ☐ Off site	1 2 3

☐ I understand that a decision will be made regarding the provision of therapy services during school hours after a Learning and Support Team Meeting for my child.

☐ I understand that should no suitable times or learning spaces be available in my child's class the request will be reviewed at the end of each semester.

☐ I will inform the school of any changes to this agreement.

☐ I give consent for this service to be provided at the school at the agreed times.

☐ I give permission for the service provider and North Nowra Public School to exchange information relating to the therapy or service being delivered at the school.

…… …….. ……..

Parent/Carer Name Parent/Carer Signature Date

Office Use Only

Approved		Declined		On Hold / Review	

LST Coordinator Name ……

LST Coordinator Signature ……. *Date ……*

Notes:

Is the Therapist screened and cleared to be on site: *Yes* *No*