



PARENT INITIATED REQUEST FOR THERAPY / SERVICE PROVIDER ACCESS DURING SCHOOL HOURS 2025

Schools must take reasonable steps to ensure students with a diagnosed or imputed disability, as defined by the Disability Discrimination Act 1992, have access to specialised support services that are not provided by the Department. Gwynne Park ESC staff are highly skilled educators of students with disability. All staff provide programs to develop communication, fine motor skills, social skills, play skills and skills in activities of daily living (toilet training, dressing, washing and eating).

Gwynne Park ESC does not have additional spaces for external therapy provision. School facilities may be requested to support therapists who provide therapeutic services to students, with the most complex needs, during school hours.

Priority categories for onsite Therapy / Service Provider access during school hours:

1. The set up and management of postural support equipment and programs (eg. wheelchairs, walkers, standing frames, positioning, hoisting).
2. Physical skill programs (eg. floor programs to support respiratory health).
3. Mealtime management support and programs for students with a diagnosis of dysphagia.
4. Trials of Alternative and Augmentative Communication systems aligned with the school's communication plan.
5. Extraordinary circumstances as determined in consultation with the Line Manager or Principal e.g. trauma, surgery, illness, mental health emergency or uncharacteristic dysregulation.

All requests must be from the students' parent/guardian and directed to the Principal in writing. Additional information may be required from parents or the provider and it will be the responsibility of parents to ensure that such information is provided. Consideration of this request will be at the discretion of the Principal and will include the school's 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 intended use of school facilities and resources.

Please note: The Principal may terminate or deny access to the provider if they determine the service does not support the students learning needs; disrupts access to education and impacts students learning; can be accessed outside school hours; or has an adverse impact on the school, staff or other students.

While we encourage open communication between staff and therapists it is important to remember that class time is for teaching. Service Providers will need to negotiate with the Classroom Teacher an appropriate time to meet and discuss student progress, during a time suitable to the Teacher.

If approved, the Principal is responsible for:

- The duty of care of all staff and students
- The health and safety of all people on school grounds
- The sharing of relevant information with the provider
- Scheduling a set time for the service provider

If approved, the Provider is responsible for:

- Collaborating with school staff regarding student goals/plans
- Be clearly identifiable as a therapist in the school e.g., (wear therapy uniform and id badge). If you don't have a badge please ask staff for a visitors badge or sticker
- Notifying the school & parent if the service is cancelled/delayed
- Actively collaborating with student parents regarding student progress.
- Maintaining confidentiality re: school matters, staff, students
- Reporting student disclosures or concerns to the Principal
- Being adequately trained and knowledgeable to support students' medical needs during the delivery of therapy services.

Child's details		
Surname:	Given names:	Date of birth:
Current address:		
Diagnosis:		Class or year level:
Allergies, risks or medical concerns:		
Parent / guardian details <i>*If you are the child's carer, are you authorised to make this request? Yes / No</i>		
Name:	Email address:	Contact number:
Name: (if applicable)	Email address:	Contact number:

Information about the support your child needs access to, at school during and school hours. <i>Note: Please complete another form for each different type of support / therapy / service.</i>
<p>Indicate the Priority Category to which this Therapy / Service most applies:</p> <p><input type="checkbox"/> 1. Set up and management of postural support equipment/programs (eg. wheelchairs, walkers, standing frames, positioning, hoisting).</p> <p><input type="checkbox"/> 2. Physical skill programs (eg. floor programs to support respiratory health).</p> <p><input type="checkbox"/> 3. Mealtime management support and programs for students with a diagnosis of dysphagia.</p> <p><input type="checkbox"/> 4. Trials of Alternative and Augmentative Communication systems aligned with the school's communication plan.</p> <p><input type="checkbox"/> 5. Extraordinary circumstances as determined in consultation with the Line Manager or Principal e.g. trauma, surgery, illness, mental health emergency or uncharacteristic dysregulation.</p> <p><input type="checkbox"/> 6. Other (please specify)</p>

Therapist / Service Provider Details #1			
Name			
Role / Occupation			
Agency / Organisation			
Mobile number / phone			
Email			
Registered with NDIS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Registration No.			
Public Risk Insurance	Provider	Limit (\$)	Expiry
Attach photocopies	<input type="checkbox"/> Working With Children <input type="checkbox"/> NDIS Worker Screening or DoE Police Clearance		<input type="checkbox"/> Student Therapy / Service Plan <input type="checkbox"/> Public Risk Insurance

Therapist / Service Provider Details #2	
Name	
Role	
Agency / Organisation	

Mobile number / phone			
Email			
Registered with NDIS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Registration No.			
Public Risk Insurance	Provider	Limit (\$)	Expiry
Attach photocopies	<input type="checkbox"/> Working With Children <input type="checkbox"/> NDIS Worker Screening or DoE Police Clearance		<input type="checkbox"/> Student Therapy / Service Plan <input type="checkbox"/> Public Risk Insurance

Therapist / Service Provider Details #3			
Name			
Role			
Agency / Organisation			
Mobile number / phone			
Email			
Registered with NDIS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Registration No.			
Public Risk Insurance	Provider	Limit (\$)	Expiry
Attach photocopies	<input type="checkbox"/> Working With Children <input type="checkbox"/> NDIS Worker Screening or DoE Police Clearance		<input type="checkbox"/> Student Therapy / Service Plan <input type="checkbox"/> Public Risk Insurance

Method of Therapy Service (tick all that apply)	
<input type="checkbox"/> Direct Service to Child	<input type="checkbox"/> Written / verbal recommendations for teacher
<input type="checkbox"/> As part of classroom learning	<input type="checkbox"/> Collaborative review / development of plans
<input type="checkbox"/> Observations of child / teaching approach	
Other (please state)	

Frequency of Service	Session Time
<input type="checkbox"/> Weekly	<input type="checkbox"/> 30 minutes
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 45 minutes
<input type="checkbox"/> Monthly	<input type="checkbox"/> 60 minutes
<input type="checkbox"/> Once or twice/term	<input type="checkbox"/> Other
How long will the therapy need to be in place for (eg. 01/03/2025 till 10/2025):	
Preferred day / time for service <i>*Note – this will be accommodated <u>where possible</u></i>	

Describe what the therapy will 'look' like e.g. what activities will the therapist be undertaking?
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Expected outcomes
How these will align to, or be incorporated in, the student's Individual Education Plan
How (and how often) will reporting against outcomes, progress against related IEP goals and engagement be recorded and communicated with the school and parents?
What equipment or resources are required?
Who will provide the equipment or resources? <input type="checkbox"/> Therapist / Service Provider <input type="checkbox"/> Student / family personal equipment <input type="checkbox"/> School equipment / facilities (where available)
Please outline why the service needs to be provided at school, during school time and not at home/community
Any other information or documents about the service, student or provider

Therapist / Service Provider Agreement

- ☐ I understand the school will require an on-site induction
- ☐ I will notify the school in writing should these arrangements change
- ☐ I have read, understand and will comply with the Department of Education/school policies and procedures including the following;
- [Code of Conduct](#)
 - [Working with Children Checks](#)
 - [Child Protection Policy](#)
 - [Visitors and Intruders on Public School Premises](#)

Signature #1: Name: Date:

Signature #2: Name: Date:

Signature #3: Name: Date:

Parent / Guardian Agreement

- ☐ I confirm the above details are correct and will notify the school should these arrangements change
- ☐ I give consent for the **release and exchange of information** between the listed therapy provider and staff at Gwynne Park ESC which may include, but not limited to, the school psychologist, teachers and education assistants
- ☐ I understand that this request, and service if approved, remains at the discretion of the principal

Signature: Name: Date:

Teacher Approval _____ Date _____

Principal / Delegate Approval _____ Date _____

IMPORTANT INFORMATION

When lodging this request, please ensure that this form is completed in full.

Your Request for Therapy will not be processed if the Parent/Provider Signatures are not completed and any of the requested documents are not submitted. Please note that it is the Parent's responsibility to obtain the Provider's signature.

This form must be completed for each therapist/provider attending. You may not sign the form on behalf of other therapists/providers. If a new therapist/provider is assigned, then we will require pages 2 and 5 to be resent providing there are no changes to the therapy, otherwise a new request for therapy form will be required.

Documents **must** be emailed to gwynnepark.esc.therapyrequests@education.wa.edu.au