



**Parent/carer request for NDIS-funded support at school**

Student Name		Class Teacher	
Type of service			
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Behaviour Specialist	<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Other:	
Type of support		Purpose	
<input type="checkbox"/> Meeting		To plan for and/or inform personalised learning and support.	
<input type="checkbox"/> Observation		To conduct an assessment for the purpose of providing information to the school that has the potential to assist the school in the provision of personalised learning and support.	
<input type="checkbox"/> Professional development		To provide training that will improve staff capacity for delivering personalised learning and support.	
<input type="checkbox"/> Assistive technology		To set up and/or maintain equipment.	
Service provider			
Company/business name		Contact person	
Email address		Phone	
To be signed by the student's parent/carer			
<input type="checkbox"/> I give consent for the exchange of information regarding my child between the school and the service provider listed for the purposes of personalised learning and support at school.			
Parent/carer signature		Date	

<b>OFFICE USE ONLY</b>			
<input type="checkbox"/> Support scheduled.	Screening	<input type="checkbox"/> required	<input type="checkbox"/> submitted <input type="checkbox"/> cleared
<input type="checkbox"/> Support not scheduled.			