**Parent initiated service provider for students with disability request form**

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours. The external service provider will support your child within the school environment.

Notes:

* This form relates to external service providers only. It is not required for the Department of Education’s specialist schools and their teaching staff, who may provide services on school sites.
* Complete a separate form for each provider that you are requesting access for.

Your school will consider your request in line with the:

* duty of care to staff and students
* student educational and wellbeing needs
* ability of the student to access the service outside school hours or through existing Department programs
* provider’s use of school facilities and resources.

Your school may ask you or the provider for additional information. It is your responsibility to make sure the information provided is accurate and up to date.

The information on this form is collected by the school and shared only with relevant school staff providing education support to your child. The information will also support the school to adjust educational programs as required. This form is not shared with external service providers.

The information in this form, and other documentation related to parent-initiated service providers delivering services to your child on the school site, is stored locally on the school’s electronic student information system and/or a hardcopy may be stored in the student’s file.

The *School Education Act 1999* (WA), the *Disability Discrimination Act 1992* and the Disability Standards for Education 2005, authorise collection of this personal information. If schools do not collect this personal information, they will not be able to assess your request.

If you have any concerns about the collection or storing of this information, or wish to update your details, please contact your school.

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| **Student details** |
| **Given name** | **Surname** | **Date of birth** |
| Click or tap here to enter student’s given name. | Click or tap here to enter student’s surname. | Click or tap to enter a date. |

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| **Parent details** |
| **Name** | **Email address** | **Contact number** |
| Click or tap here to enter parent name. | Click or tap here to enter parent email address. | Click or tap here to enter parent contact number. |
| **Name** (if applicable) | **Email address** | **Contact number** |
| Click or tap here to enter second parent name. | Click or tap here to enter second parent email. | Click or tap here to enter second parent contact number. |

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| **Information about the support to be provided** |
| **What is the type of support to be provided?** |
| Click or tap here to enter text. |
| **How often will the support be provided?**Include the days of the week and time of day. For example every Friday 11 am to 12 pm.  |
| Click or tap here to enter text. |
| **How long will the support be in place for?** For example from 12 February 2025 to 12 December 2025.  |
| Click or tap here to enter text. |
| **Why does the support need to be provided at school, during school hours?** |
| Click or tap here to enter text. |

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| **Provider details** |
| **Provider name** | **Is the provider registered with the NDIS?**Select one: [ ]  Yes [ ]  No [ ]  Unsure |
| Click or tap here to enter text. |
| **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. |

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| **Parent signature**  | **Date** |
|  | Click or tap to enter a date. |

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| **School to complete (for office use only)** |
| **Date request received** | Click or tap to enter a date. | **Date request acknowledged** | Click or tap to enter a date.  |
| **Consultation date** | Click or tap to enter a date. | **Request approved** | [ ]  Yes [ ]  No |
| **Date parent advised of outcome**  | Click or tap to enter a date. | **Approving staff member** | Click or tap here to enter text. |
| **Notes** | Click or tap here to enter text. |