

GLADYS NEWTON SCHOOL

Independent Public School

93 Balga Avenue BALGA WA 6061
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gladysnewton@education.wa.edu.au

ABN: 42 670 749 242



FORM B: THERAPY PROVISION OFF SITE DURING SCHOOL HOURS

**THERAPIST
to complete**

STUDENT NAME	
THERAPIST NAME	
THERAPIST ROLE	
PHONE NUMBER/EMAIL	
AGENCY	

METHOD OF THERAPY/SERVICE

- Direct service to child
- Observations of child/teaching approach
- Specific program to teacher
- General recommendations made to class teacher
- Other (state)

DESCRIPTION OF THERAPY PROGRAM

Description	
Reason for therapy request off school site	

<p>How does the program link to the IEP/ educational goals?</p>	
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SCHEDULE OF THERAPY/SERVICE *(To be determined with the teacher and administrative team).*

<p>Days</p>	<p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri</p>
<p>Time e.g., 10:00 -11:00am</p>	
<p>Location & address</p>	
<p>End date of Therapy Plan</p>	
<p>How will attendance be reported to the school? By whom?</p>	
<p>How will progress be reported to the school? By whom?</p>	

ALTERNATIVE ATTENDANCE ARRANGEMENTS, IN ACCORDANCE WITH SECTION 24 OF THE SCHOOL EDUCATION ACT

Therapist's Qualification	
Professional Registration	
Public Risk Insurance Provider	Limit (\$): Expiry Date:
Please attach photocopies:	<input type="checkbox"/> National Police Clearance <input type="checkbox"/> Working With Children card <input type="checkbox"/> Student's Therapy Plan <input type="checkbox"/> Professional indemnity insurance <input type="checkbox"/> Public liability insurance <input type="checkbox"/> Permission to release and/or exchange information form <i>Policy. Prior to starting therapy, providers will need to provide copies of these documents.</i>

THERAPIST AGREEMENT

<input type="checkbox"/> I confirm the above details are accurate <input type="checkbox"/> I will notify the school in writing should these details change <input type="checkbox"/> I agree to comply with Departmental and school policies whilst at Gladys Newton School (i.e., Manual Handling, Occupational Health & Safety, Code of Conduct, Confidentiality) <input type="checkbox"/> I have received a copy of the Gladys Newton School Therapy Provision Guidelines and I agree to comply with these guidelines. <input type="checkbox"/> I have provided the school with a Therapy Plan as indicated in this application	
Signature:	Date:

PRINCIPAL APPROVAL FOR EXTERNAL THERAPY PROVISION

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Approved, pending modifications (state below) <input type="checkbox"/> Application NOT Approved (explanation below)	
Signature:	Date: