



Therapy Provision Forms

*'Educating for a Brighter
Future'*

Dear Therapist

Gladys Newton School values the services and support provided by other agencies to students and their families. We recognise that collaboration between school staff and other professionals may be beneficial in addressing the needs of some students. However, this needs to be considered in the light of Department of Education and school priorities and each student's individual education plan.

The Department requires each public school to understand the learning needs of their students and to equip them with opportunities to develop their skills across the curriculum. As such, it is essential that any therapy services provided at Gladys Newton School are contributing to this aim.

If you believe your client's therapy goals complement their individual education plan, and you have the written consent of the child's parent/guardian, you are welcome to approach the school to discuss the possibility of therapy being provided on site. As Principal, I will consider all relevant educational factors and advise you of my decision. This determination is not influenced by commercial arrangements that exist between parents/guardians and therapy providers.

From time to time, therapists who do come onto school site may observe a distinction between their practices (e.g., restrictive practices according to NDIA guidelines) and what they observe among school staff. It is important to note that school staff are guided in their decisions by the *School Education Act 1999*, subsidiary legislation, and Department of Education policies and procedures. For example, school staff are permitted to make reasonable physical contact with students to manage their behaviour, protect the safety of others or prevent damage to property.

In such circumstances, you may decide there is a conflict of interest and that you can no longer visit the school. If this does occur, please advise me or the deputies and be assured that your decision will be respected. Further, if you are visiting the school and see something that you believe to be outside of Department of Education standards, please discuss your concerns with me or one of the deputies in the first instance.

Thank you for making contact, and I hope this information is helpful to you.

Kind Regards



ANDRZEJ GRUSZECKI
Principal

Onsite Therapy at Gladys Newton School

Purpose

Gladys Newton School aims to support therapy providers who provide therapeutic services to students with the most complex needs, during school hours.

Rationale

Gladys Newton School and therapy providers share an interest in achieving positive outcomes for all students. Therapy delivered during school hours enhances educational outcomes and supports optimal health and wellbeing.

Our staff are highly skilled educators of students with disability

- All staff provide programs to develop fine motor skills, social skills, play skills, and skills in activities of daily living (toilet training, dressing, washing and eating).
- The school has a Positive Behaviour Support Program.

Onsite Therapy Priorities

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

Key Understandings: Therapy Provision on Site

- Student safety, wellbeing and education are a priority for any therapy provided in the school setting.
- Minimizing disruption to educational programs is of the highest importance outside of student safety and wellbeing.
- Confidentiality is mandatory when information is shared between stakeholders.
- A collaborative approach between teachers, therapists and families is in the best interests of students and will assist in achieving positive outcomes.
- Schools are responsible for student's educational outcomes. The decision as to whether a therapy service is to operate within the school is entirely at the discretion of the principal.

CONTACT THE PRINCIPAL if therapy is being undertaken in school hours at another site.

Documentation: Section 24 needs to be completed.

Applying for Onsite Therapy Approval

1. Check that your therapy request is in line with one of the four **Onsite Therapy Priorities**.
2. Complete the **Therapy Provision** forms (Parent and Therapist).
Forward completed documents to the school for approval.
3. Wait for email notification of approval and the date of commencement.

NOTE: Approval to conduct on-site therapy is required each time a plan is updated, or goals are changed.

Requirements for Therapists

- Provide a copy of your Working with Children Check and DOE Police Clearance.
- Provide a current Therapy Plan which clearly outlines the therapy that will be provided and meets one of the school's four on site Therapy Priorities.
- Follow the Department of Education's 'Visitors and Intruders on School Premises Policy' and sign in on the iPad (located in the administration building) before and after each therapy session.
- Sign the student's Individual Therapy Record (located in the classroom) after each therapy session.
- Wear your identification sticker (generated from iPad sign in).
- Provide staff training and written/photographic documentation describing any procedures that the school agrees will be undertaken by staff.

GLADYS NEWTON SCHOOL*Independent Public School*

93 Balga Avenue BALGA WA 6061
 Telephone: (08) 9413 1900
gladysnewton@education.wa.edu.au

ABN: 42 670 749 242

**THERAPY PROVISION DURING SCHOOL HOURS**

**PARENT/GUARDIAN
to complete**

STUDENT DETAILS**OFFICE TO COMPLETE**

Name:	ACTIONS REQUIRED:	<input type="checkbox"/> Section 24 <input type="checkbox"/> Community use of facilities <input type="checkbox"/> Sight Program/Documents <input type="checkbox"/> Further Information Required
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PARENT/GUARDIAN DETAILS

Name	
Contact Details	
Role	<input type="checkbox"/> Parent <input type="checkbox"/> Carer <input type="checkbox"/> Case Manager (CPFS) <input type="checkbox"/> Other *Are you authorised to make this request? (Please circle) Yes/No

REQUESTED LOCATION FOR THERAPY/SERVICE DURING SCHOOL HOURS

<input type="checkbox"/> School See Form A	<input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> To be negotiated with class teacher <input type="checkbox"/> Other (state where):
<input type="checkbox"/> A location other than school during school hours See Form B	<input type="checkbox"/> Home <input type="checkbox"/> Other (state where): <input type="checkbox"/> Venue contact number: <i>Participation in programs off site requires Alternative Attendance Arrangement approval (as per section 24 of the School Education Act 1999). The school will contact you to make these arrangements if this application is approved.</i>

PARENT/GUARDIAN SIGNATURE

<input type="checkbox"/> I will notify the school in writing should these details change. <input type="checkbox"/> I understand that I will be notified if this application is approved.	
Signature:	Date:

PRINCIPAL APPROVAL FOR EXTERNAL THERAPY PROVISION

- Application Approved
- Application Approved, pending modifications (state below)
- Application NOT Approved (explanation below)

Signature:

Date:

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FORM A: THERAPY PROVISION ON SCHOOL SITE

**THERAPIST
to complete**

STUDENT NAME	
THERAPIST NAME	
THERAPIST ROLE	
PHONE NUMBER & EMAIL	
THERAPY PROVIDER	

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 on 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>	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<p>Time e.g., 10:00 -11:00am</p>	
<p>End date of Therapy Plan</p>	

DETAILS REQUIRED IN COMPLIANCE WITH DEPARTMENT OF EDUCATION VISITORS AND INTRUDERS' POLICY

<p>Therapist's Qualification</p>	
<p>Professional Registration</p>	
<p>Please attach photocopies:</p>	<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

<ul style="list-style-type: none"> <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 	
<p>Signature:</p>	<p>Date:</p>