



Externally Funded Service Providers – Permission To Share

Student: _____ Class: _____
Grade: _____ Date: _____

Dear Parent/Caregiver,

Thank you for contacting us. You have shared that your child has been identified as having additional learning and support needs from an allied health specialist. In addition to receiving quality differentiation in the classroom, your child *may* be receiving additional support such as NDIS funding for a therapist including an Occupational Therapist, Physiotherapist, Psychologist, Behavioural Therapist or Early Intervention Specialist (such as Playability).

You, or the specialist, may wish for the specialist to work with your child at school. The NSW Department of Education and the National Disability Insurance Agency recommend that therapy services funded through a child's NDIS support plan are best delivered outside of school time. This allows the school to focus on teaching your child and other students. It also ensures that your child does not miss out on important learning time.

Our school welcomes working with parents and allied health providers to meet the needs of your child to support their learning and development. In some cases, where it is suitable, this may mean working directly with the provider in the classroom. The principal is responsible for deciding when and how this therapy is delivered in the school, without disrupting learning. ***In order to consider these services, the school must receive a request from parents/carers in writing.***

Please read the attached Fact Sheet from the Department of Education ***“Requesting an NDIS-Funded Therapy Service For Your Child at a NSW Public School”*** for more information regarding the responsibilities of parents/caregivers, school principals and NDIS service providers when additional access is considered/provided within Merimbula Public School/NSW Department of Education schools.

If you have any questions regarding NDIS Support or external providers attending our school, please contact us during business hours on (02)64951266 or via email at merimbula-p.school@det.nsw.edu.au

Kind Regards,

Michelle Huddleston
Principal

Janelle Hodsdon
Assistant Principal – Welfare

Erica Bell
Assistant Principal – Support



Externally Funded Service Providers – Permission To Share Information

Please provide this form to the school at your earliest convenience so that we can arrange to meet with you and discuss support access options.

Please help our principal to manage these services by outlining below the supports you give your child permission to participate in and that may need to be delivered at school:

Dear Principal,

I request to have a therapist/allied health professional to attend Merimbula Public School to support my child _____ in class _____ 1:1 or as part of a small group.

I understand that small group and class participation will need to consider the learning needs and permissions of other students in the class/group. I also understand that the therapist/allied health professional will need to be supervised by a classroom teacher, and that school timetabling may restrict the times and days that these services can be accessed within the school.

I request that you/my child’s teacher consider whether the following external/NDIS supports can be accessed by my child during school hours. These services CANNOT be accessed outside of school hours for the following reasons (listed below). I also give permission for the school principal, or their delegate, to contact the provider or provide information to the provider about my child.

Therapist and Allied Health Service Support	Provider	Provider’s Contact Details	Reason Why The Service Cannot Be Provided Outside of School Hours
Physiotherapy			
Occupational Therapy			
Mental Health Assistance			
Psychologist Support			



Merimbula Public School



Speech Therapy			
Behaviour Therapy			
Other			

Additional information that the school may need to know about my child and their needs or interventions:

Please contact me during business hours to arrange a time for me, my child's therapist/specialist and my child's classroom teacher to meet with the principal to discuss possible in-school therapy visits.

Regards,

Name: _____ Signature: _____

Date: _____ Phone (BH): _____

Office Use:

Date Received from Parent/Caregiver: _____

Date of Contact With Services: _____

External Service – Completion of Checklist Date: _____

Meeting Booked With Principal: _____