



PARENT/CARER REQUEST EXTERNALLY FUNDED SERVICE PROVIDERS

STUDENT DETAILS

Student Name	
Date of Birth	
Year Group	
Parent / Carer Name	

I hereby provide written consent to the agreed service delivery arrangement and for the sharing of information related to the provider's services to my child between the provider and the school. I understand I am responsible for notifying the school if I terminate the provider's services and to notify the provider if my child will not be at school on a day scheduled for service delivery at the school.

Parent / Carer Signature	
Date	

EXTERNAL PROVIDER DETAILS

Therapist Name	
Organisation	
DoE Number (if already issued)	
Email Contact	
Phone Contact	
Role Details (e.g. OT, Physio, speech, etc.)	
Manager Name & Contact Details	
Timeframe/Sessions (circle which is applicable)	<p>School Term: Term 1 Term 2 Term 3 Term 4</p> <p>Type: Observation only Series of sessions</p> <p>Location: Classroom Playground Other</p> <p>Time/day to be determined in consultation with teacher/therapist</p> <p>Parents to be notified and kept updated of any changes. It is the parent's responsibility to notify the therapist if the child is absent from school.</p>

Please note: It is the responsibility of the parent/carer and therapist to complete and provide all necessary documentation to the school before approval of this request.