

# Singleton Public School

8 Hunter Street Singleton, NSW 2330

Phone: (02) 6571 2250

Email: singleton-p.school@det.nsw.edu.au



#### Parent Request – Therapy During School Hours 2025

At Singleton Public School, we are committed to best supporting our students in their learning and social development. Collaborating with external providers can play a vital role in enhancing their educational experience. If you are seeking to have external providers who work with your child, visit the school to deliver therapy in 2025, please complete and return the form on the next page. The school will then contact each therapist to coordinate induction and appointment times.

### Please note the following:

- In 2025, therapy will not be able to commence until <u>Week Six, Term One</u>. The school needs to confirm timetables, rosters and staffing before therapists are allocated their appointments.
- Therapists will be contacted and offered the available timeslots. These times are not negotiable and take into consideration our need for uninterrupted morning literacy and numeracy sessions, RFF, library, scripture and assembly. Once timeslots have been allotted, they are unable to be changed or have make-up sessions provided.

The focus of this therapy must be to provide strategies for students to engage positively with their learning and peers in the school setting. If goals do not meet these criteria, the therapy should take place before or after school. In addition, the school will consider the:

- Availability of an appropriate space for therapy and availability of staff to supervise sessions.
- Impact of having multiple additional adults in and out of the room.

If you have any questions, please contact the school on (02) 6571 2250.

Kylie Hamilton Learning & Support Teacher Singleton Public School

## Parent Request – Therapy During School Hours 2025

Parent request for service provision to be conducted during school hours

This form is to be completed by parents/carers in advance of any NDIS service provision commencing at Singleton Public School. Information should be completed in consultation with external providers and the original returned to the school.

Student Name:					Class Teacher:			
Service Provision I	Requested	: Org	anisation Delivering Service:			Name of Therapist:		
☐ Speech Therapy								
☐ Occupational The	erapy							
☐ Physiotherapy								
☐ Other:								
Expected outcome	or goal of	therapy servi	ce:					
Frequency of Servi	ice		Session Duration			Length of Servi	ce	
Tick all that apply.								
Weekly		□ 30 minutes			☐ Term One			
☐ Fortnightly			☐ 40 minutes		[	☐ Term Two		
☐ Monthly			☐ 60 minutes (from 2:05pm only)		[	☐ Term Three		
☐ Once or twice a term					[	□ Term Four		
☐ One-off (observations/assessments only)								
					<u> </u>			
Will there be a clea	ır link betw	een the thera	py service goal and a	PlaSP goal?	☐ YES	8	□ NO	
Will the therapist b	earning Support Team	n meeting?		3	□ NO			
Note:								
In 2025, delivery of th and establish routine	s and expe	ctations with th	eir classes.				hers to conduct pre-assessme	
able to be guaranteed	d due to end	l of year activiti	es, as classes and staff	are often in altern	ate locatio	ons or off-site.	Child Protection guidelines is	
therapy. Unfortunate	ly, we are ui	nable to resche	dule missed sessions or	r add additional so	or if a sch essions du	ool event or exc ue to limited spac	ursion will impact the deliver e and time.	
☐ I understand th therapy services during for my child.	at a decisio g school hou	n will be made rs after a learnin	regarding the provision g and support team meeting	of Parent Signature:				
	service cann	ot commence. T	earning spaces be availab he request will be placed o					
	<b>.</b>		0-1-1-1-1	1				
Approved	Decli	nea	On Hold / Review					
				Principal Signature /	Date Date			