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WEINCHNSS XAVIER COLLEGE

Privately Engaged Service Provision in Schools Parent/Guardian Request Form

Instructions to parent/guardian

- Once fully completed, this form should be emailed to the Inclusive Education Coordinator at your child's campus.
- An individual request form is required for each individual professional proposed to facilitate privately engaged service provision in school.

Student's full name:		
Date of birth:	Class or Year Level:	
Name of school:		
Proposed privately engaged s	service provider	
Service provider organisation r	ame:	
Australian Company/Business I	Number (ACN/ABN):	
Full name of individual professi	onal proposed to facilitate services:	
Job title of individual profession	al proposed to facilitate services:	
Proposed privately engaged s	service provision details	

Type of service provision proposed (eg psychology, occupational therapy, speech pathology):

Description of proposed service provision, including focus and goal/s:

Reason/s for proposed service provision to occur at the school as opposed to offsite:

Reason/s for proposed service provision to occur during school hours:

The relevance and benefit/s of the proposed service provision to the student's access and participation in education and educational outcomes:

Proposed day/s for service provision (if known):

Proposed start/finish times and length of service provision sessions (if known):

Proposed frequency of service provision (eg one-off, weekly, fortnightly, odd/even weeks) (if known):

Proposed start date of service provision (eg specific date, as soon as possible, next term) (if known):

Proposed end date of service provision (if known):

Proposed location of service provision (eg a separate indoor or outdoor space, within the student's classroom):

Access to school facilities/resources required by the proposed service provision:

School sessions the student will miss, due to the proposed service provision (if known):

Is the proposed service provision required for medical reasons? Yes No If yes, attach the relevant health care plan, completed by the treating health professional.

I request that the above named privately engaged service provider be allowed access to the school to provide services to my child. I understand that:

- requests for privately engaged service provision in school will only be considered by the Principal, if submitted by the parent/ guardian, using this request form, and if the form has been fully completed and signed.
- the Principal has absolute discretion to decide whether or not a privately engaged service provider can enter the school, as well as when, where and how arrangements are managed where access is approved.
- the Principal will take a range of factors into account when considering this request, which relate to the individual student, as well as to the wider needs of the school and community, decisions by the Principal are made on a case-by-case basis and are final.
- if the Principal agrees to proceed, in principle, toward developing an agreement for the requested privately engaged service provision to occur on site, I and the proposed privately engaged service provider will be required to complete an agreement proposal, for further consideration by the Principal; commencement of service provision is subject to approval of that agreement by the Principal, under the conditions outlined within an approved agreement.

Parent/Guardian Signature

Print name

Date