



PARKLEA

Public School
Challenge. Inspire. Flourish.



We acknowledge the Aboriginal and Torres Strait Islander peoples continued connection to land, waters and community. We pay our respects to Elders both past and present.

Parent Request for Externally Funded Service Providers

To be completed and returned to the school by the parent/carer.

STUDENT DETAILS

Student Name	
DOB	
Class	

THERAPIST DETAILS

Therapist Name	
Therapy Type <small>(e.g. speech, OT, behaviour)</small>	
Organisation	
Email Contact	
Phone Contact	

THERAPY GOALS

What goal/s do you hope to achieve through school-based therapy sessions?	
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PARENT CONSENT

I have read Parklea Public School's 'Externally Funded Service Providers: Implementation Process'.

I provide consent for the exchange of my child's information between the service 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: _____