



# Parent initiated service provider for students with disability request form 2025

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours.

Notes:

- This form relates to external service providers only. It is not required for the Department of Education’s specialist schools and their teaching staff, who may provide services on school sites.
- Complete a separate form for each provider that you are requesting access for.

Your school will consider your request in line with the:

- duty of care to staff and students
- student educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider’s use of school facilities and resources.

Your school may ask you or the provider for additional information. It is your responsibility to make sure this information is provided.

Student details		
<b>Given name</b>	<b>Surname</b>	<b>Date of birth</b>

Parent details		
<b>Name</b>	<b>Email address</b>	<b>Contact number</b>
<b>Name (if applicable)</b>	<b>Email address</b>	<b>Contact number</b>

Information about the support to be provided
<b>What is the type of support to be provided?</b>

**How often will the support be provided?**

Include the days of the week and time of day. For example every Friday 11 am to 12 pm.

**How long will the support be in place for?**

For example from 17 February 2025 to 12 December 2025.

**Why does the support need to be provided at school, during school hours?****Provider details****Provider name****Is the provider registered with the NDIS?**

Select one:  Yes  No  Unsure

**Provide any other information or documents about the support**

This may include reports or information from the provider with details of the support to be provided and facilities required.

**Parent signature****Date****School to complete (for office use only)****Date request received****Date request acknowledged**

Click or tap to enter a date.

**Consultation date****Request approved** Yes  No**Date parent advised of outcome****Approving staff member****Notes**

