



# Service schedule 2025

## Parent initiated service provider for students with disability

Note: This schedule 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.

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| <b>School details</b>   |                                     |
| <b>School name:</b> Deanmore Primary School   |                                     |
| <b>Location address (not mailing):</b><br>21 Deanmore Road, Karrinyup   | <b>Contact number:</b><br>9222 9250 |
| <b>Student details</b>  |                                     |
| <b>Name:</b>  |                                     |
| <b>Parent/carer details</b>   |                                     |
| <b>Name:</b>  |                                     |
| <b>Email address:</b>   | <b>Contact number:</b>              |
| <b>Service provider organisation details</b>  |                                     |
| <b>Organisation:</b>  |                                     |
| <b>Location address:</b>  | <b>ABN:</b>                         |
| <b>Contact name:</b>  |                                     |
| <b>Email address:</b>   | <b>Contact number:</b>              |
| <b>Insurance provider:</b>  | <b>Expiry date:</b>                 |
| <b>Public liability insurance:</b><br><input type="checkbox"/> Yes<br><b>Amount:</b><br>Note: The school is obligated to ensure that any allied health/NDIS provider complies with the insurance requirements for external third parties accessing school sites during school hours has public liability insurance covering the legal liability of the third party, its employees and agents in connection with the purpose of the school visit, must be for an amount of not less than \$20,000,000 for any one occurrence and unlimited in the aggregate. |                                     |

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| <p><b>Is a copy of the provider's public liability insurance cover provided?</b></p> <p>Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>Is the provider registered with the NDIS?</b></p> <p>Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

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| <b>Provider to complete</b>   |   |
| <b>Information about the support you (the provider) intend to provide</b>   |   |
| <b>What is the type of support you are seeking to provide?</b>  |   |
| <b>How does the support link to the student's documented education plan or goals?</b>   |   |
| <p><b>Is a copy of the student's service plan or therapy plan attached?</b></p> <p>Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |   |
| <p><b>What is the frequency of service?</b></p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Fortnightly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: _____</p>   | <p><b>How long is the session time?</b></p> <p><input type="checkbox"/> 30 Minutes</p> <p><input type="checkbox"/> 45 Minutes</p> <p><input type="checkbox"/> 60 Minutes</p> <p><input type="checkbox"/> Other: _____</p> |
| <p><b>How long will the support need to be in place for?</b><br/>(e.g., from 17 February 2025 to 12 December 2025).</p>   |   |
| <b>Provider staff details (please list all staff who will be engaged in service delivery)</b>   |   |
| <b>Name:</b>  | <b>Role:</b>  |
| <b>Email address:</b>   | <b>Contact number:</b>  |
| <p><b>Photocopies attached:</b></p> <p><input type="checkbox"/> Working with Children (WWC) Check</p> <p><input type="checkbox"/> Nationally Coordinated Criminal History Check (NCCHC) – Department of Education</p> <p><input type="checkbox"/> NDIS Worker Screening Clearance</p> <p>Note: A WWC Check is required. In addition, either a NCCHC or NDIS Worker Screening Clearance is required.</p> |   |
| <b>List any professional registrations (if relevant):</b>   |   |
| <b>Name:</b>  | <b>Role:</b>  |
| <b>Email address:</b>   | <b>Contact number:</b>  |
| <p><b>Photocopies attached:</b></p> <p><input type="checkbox"/> Working with Children (WWC) Check</p> <p><input type="checkbox"/> Nationally Coordinated Criminal History Check (NCCHC) – Department of Education</p>   |   |

NDIS Worker Screening Clearance

Note: A WWC Check is required. In addition, either a NCCHC or NDIS Worker Screening Clearance is required.

**List any professional registrations (if relevant):**

### School to complete

#### Support school staff may provide during school-based service delivery

Not provided

Provided:

#### Agreed school facilities/equipment to be used during school-based service delivery

The sessions will be held in the Library. There will be one of two tables allocated. Either Red table one or Red table two. All equipment is to be supplied by the external provider. If the regular space is unavailable the school will direct you to an appropriate place for your session.

#### Agreed provider equipment to be used during school-based service delivery

Students own BYO Device (iPad)

Table

Chairs

#### Supervision arrangements (only if required)

The external provider is to pick the student up at their classroom and walk them to the Library.

During the session, the external provider is responsible solely for the supervision of the student and delivery of the program.

At the end of the session, the external provider is responsible for packing up the desk and walking the student to class.

\*If the student is picked up from a specialist class, they must ensure they return them to the class/specialist as stated in the agreement.

#### Sharing of information

The external provider, with parent permission, will provide the school with copies of the goals and progress reports at the beginning/end of each term/semester. This information will be used to advise the staff in the school of the goals and progress made.

## Student specific information

*List any relevant considerations, e.g., any health conditions which may lead to an emergency response, religious or cultural considerations, etc.*

## Provider acknowledgment :

- Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.**
- Provider must understand and comply with Department of Education policies and school procedures.
- Provider will notify the parent and school in writing should the details provided in the service schedule change.
- Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI).
- Provider will provide a written handover at the end of the agreement period that includes:
  - any ongoing risks for the student
  - recommendations for any further support for the student, their family or the school community
  - any further action to be taken by the agency.

**Provider representative name:**

**Signature:**

**Date:**

## Parent acknowledgement:

- Parent understands that principals may reconsider access for a provider at any time.
- Parent understands additional information about the decision making process is available on the Department of Education's public website.
- Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session (this includes changes to the school timetable due to incursions/excursions).
- Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.
- Parent understands the school will not cover any costs associated with the provider's access to the student at school.
- Parent gives consent for the release and exchange of information between the provider and the school.

|   |              |
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| <b>Parent name:</b>   |              |
| <b>Signature:</b>   | <b>Date:</b> |
| <b>School acknowledgment</b>  |              |
| School acknowledges that approving this service schedule requires the school to: <ul style="list-style-type: none"><li>• coordinate access to the student</li><li>• complete school processes and record the student's withdrawal from class</li><li>• provide access to agreed school facilities and equipment</li><li>• coordinate further communication, e.g., changes to the student's permanent timetable (not incursions/excursions) or health and wellbeing.</li></ul> |              |
| <b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |
| <b>School representative name:</b>  |              |
| <b>Signature:</b>   | <b>Date:</b> |
| <b>Comment:</b>   |              |

