

2025 Parent initiated service provider for students with disability request form

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		
Given name Click or tap here to enter student’s given name.	Surname Click or tap here to enter student’s surname.	Date of birth Click or tap to enter a date.

Parent details		
Name Click or tap here to enter parent name.	Email address Click or tap here to enter parent email address.	Contact number Click or tap here to enter parent contact number.
Name (if applicable) Click or tap here to enter second parent name.	Email address Click or tap here to enter second parent email.	Contact number Click or tap here to enter second parent contact number.

Information about the support to be provided
What is the type of support to be provided? Click or tap here to enter text.

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.

Click or tap here to enter text.

How long will the support be in place for?

For example from 12 February 2024 to 12 December 2024.

Click or tap here to enter text.

Why does the support need to be provided at school, during school hours?

Click or tap here to enter text.

Provider details**Provider name**

Click or tap here to enter text.

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.

Click or tap here to enter text.

Parent signature**Date**

Click or tap to enter a date.

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

Click or tap to enter a date.

Date request acknowledged

Click or tap to enter a date.

Consultation date

Click or tap to enter a date.

Request approved

Yes No

Date parent advised of outcome

Click or tap to enter a date.

Approving staff member

Click or tap here to enter text.

Notes

Click or tap here to enter text.

Please return completed form to

School email: endeavour.schools.therapy@education.wa.edu.au