



# Service Schedule

## Parent initiated service provider for students with disability

The role of a service provider working in the school is to contribute to positive educational outcomes for the student, in a planned, collaborative manner.

**Important information for service providers:**

Ideally, services provided enhance educational outcomes and goals for students and link to a student’s existing Documented Plan.

In considering the school’s duty of care towards all staff and students, principals can reconsider access to a provider if:

- the service no longer supports the student’s educational needs;
- the service is impacting other students, staff or school operations;
- the service is unreliable or breaches the Service Schedule; or
- they have concerns for the provider’s conduct or service quality.

All provider staff must wear identification on school sites at all time and comply with the school’s duty of care policy supplying relevant documentation as per attached forms.

Additional information relating to this request may be required from parents or the provider and it will be the responsibility of parents to ensure that such information is provided. The school may request a meeting with all stakeholders to discuss the program.

Consideration of this request will be at the discretion of the school and will include the school’s duty of care to staff and students, the student’s educational and wellbeing needs, the ability of the student to access the service outside school hours or through existing Department programs, and the provider’s use of school facilities and resources

**Please note:**

- Students must sign in and out of the LET block under learning support otherwise they will be marked absent from school
- Suitable times for service and changes to times to be negotiated with the school and should not negatively impact on the student’s educational program.
- It is the parent/carer’s responsibility to notify therapists of absence from school
- Student disclosure (e.g. suicidal ideation, sexual assault) must be communicated to administration immediately

School details	
<b>School Name:</b> LAKELAND SENIOR HIGH SCHOOL	
<b>Location address (not mailing):</b> 106 SOUTH LAKE DRIVE SOUTH LAKE 6164	<b>Contact number:</b> 6172 2200

Student details	
<b>Name:</b> Click or tap here to enter text.	
Parent/Carer details	
<b>Name:</b> Click or tap here to enter text.	
<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
Service provider organisation details	
<b>Organisation:</b> Click or tap here to enter text.	
<b>Location address:</b> Click or tap here to enter text.	<b>A.B.N:</b> Click or tap here to enter text.
<b>Contact name:</b> Click or tap here to enter text.	
<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
<b>Insurance provider:</b> Click or tap here to enter text.	<b>Expiry date:</b> Click or tap here to enter text.
<b>Public liability amount:</b> Click or tap here to enter text.	<b>Professional indemnity amount:</b> Click or tap here to enter text.
<b>Is a copy of insurance cover provided?</b> Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the provider registered with the NDIS?</b> Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Information about the support you intend to provide	
<b>What is the type of support you are seeking to provide?</b> Click or tap here to enter text.	
<b>How does the support link to the student's Documented Plan or goals?</b> Click or tap here to enter text.	
<b>Is a copy of the Student's service plan attached e.g. therapy plan?</b> Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the frequency of service?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<b>How long is the session time?</b> <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes <input type="checkbox"/> Other: _____
<b>How long will the support need to be in place for?</b> (e.g. from 1 January 2019 to 23 February 2019).	

Provider staff details (please list all staff who will be engaged in service delivery)	
<b>Name:</b> Click or tap here to enter text.	<b>Role:</b> Click or tap here to enter text.
<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
<b>Photocopies attached:</b> <input type="checkbox"/> Working with Children Check <input type="checkbox"/> National Police Clearance (Education) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Covid vaccination compliance	<b>List any professional registrations:</b> Click or tap here to enter text.
<b>Name:</b> Click or tap here to enter text.	<b>Role:</b> Click or tap here to enter text.
<b>Email address:</b> Click or tap here to enter text.	<b>Contact number:</b> Click or tap here to enter text.
<b>Photocopies attached:</b> <input type="checkbox"/> Working with Children Check <input type="checkbox"/> National Police Clearance (Education) <input type="checkbox"/> NDIS Worker Screening Clearance <input type="checkbox"/> Covid vaccination compliance	<b>List any professional registrations:</b> Click or tap here to enter text.
<b>School to complete</b>	
Support school staff may provide during school based service delivery	
<p><i>Confirm the specific roles for staff in the school who may be involved with the student and support the service delivery, for example a school nurse, school psychologist, education assistant.</i></p> <p>Natash Tempest- Education Support Deputy, Rebecca Fowler – Learning Support Coordinator, Greg Prosser – Program coordinator, Alastair Reid – Program coordinator, Ali Cope – Student Support Officer, Anita Cecic – School Psychologist</p>	
Agreed school facilities/equipment to be used during school-based service delivery	
<p><i>Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered during class or outside the classroom.</i></p> <p>Service will be delivered in the new Education Support building in the therapy spaces unless being utilised by another therapist at the time. An alternative space is the breakfast club with the doors open to ensure line of vision, or in the library's reading area.</p>	
Agreed provider equipment to be used during school-based service delivery	
<p><i>Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.</i></p> <p>Any equipment required by the therapist will be at the discretion of the therapist and in line with the student goals. The therapist will be responsible for ensuring that they have done the relevant training for its use communicated with parents the intended outcomes</p>	

## Supervision arrangements

*Details of school arrangements for the supervision of provider during the course of service delivery.*

Therapists are required to sign in and out of the main administration building as per the school's visitor policy. Students are required to sign in and out of LET under leaning support to account for their attendance. Therapy must take place with doors open or in an open environment such as the library.

## Sharing of information

*Details of how and when the provider will share relevant confidential information.*

The Coordinator will request information before any case conference or as the need arises (such as a change in the student's circumstances)

## Student specific information

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

Click or tap here to enter text.

## 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.**
- Providers must understand and comply with Department of Education policies and school procedures.
- Providers will notify the parent and school in writing should the details provided in the Service Schedule change.
- Providers will immediately inform the schools about anything related to a student's welfare or safety.
- Provides will provide a written handover at the end of the agreement period that includes:
  - any ongoing risks for the student;
  - recommendations for any further treatment or support for the student, their family or the school community; and
  - any further action to be taken by the agency.

**Provider representative name:**

Click or tap here to enter text.

**Signature:**

**Date:**

Click or tap here to enter text.

**Parent Acknowledgment**

- 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.
- Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session
- Parents are responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.
- Parents understand schools will not cover any costs associated with the provider’s access to the student at school.
- Parents give consent for the release and exchange of information between the provider and the school.

**Parent name:** Click or tap here to enter text.

**Signature:**

**Date:** Click or tap here to enter text.

**School Acknowledgment**

Schools acknowledge that approving this Service Schedule requires the school to:

- coordinate access to the student;
- complete school processes and record the student’s withdrawal from class;
- provide access to agreed school facilities and equipment; and
- coordinate further communication e.g. changes to the student’s timetable or health and wellbeing.

**Approved:**  Yes  No

**School representative name:** Rebecca Fowler

**Signature:**

**Date:** Click or tap here to enter text.

**Comment:**Click or tap here to enter text.

**Date of review:**