

# Observation Only Therapy Application

## 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.

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| <b>School details</b>   |  |
| <b>School Name:</b> East Victoria Park Education Support Centre                   |  |
| <b>Location address (not mailing):</b><br>30 Beatty Ave, East Victoria Park. 6101 | <b>Contact number:</b><br>(08) 62280750                    |
| <b>Student details</b>  |  |
| <b>Name:</b> Click or tap here to enter text.                                     |  |
| <b>Parent/Carer details</b>   |  |
| <b>Name:</b> Click or tap here to enter text.                                     |  |
| <b>Email address:</b><br>Click or tap here to enter text.                         | <b>Contact number:</b><br>Click or tap here to enter text. |
| <b>Service provider organisation details</b>                                      |  |
| <b>Organisation:</b> Click or tap here to enter text.                             |  |
| <b>Location address:</b><br>Click or tap here to enter text.                      | <b>A.B.N:</b><br>Click or tap here to enter text.          |
| <b>Contact name:</b> Click or tap here to enter text.                             |  |
| <b>Email address:</b><br>Click or tap here to enter text.                         | <b>Contact number:</b><br>Click or tap here to enter text. |

|  |   |
|--|---|
| <b>Insurance provider:</b><br>Click or tap here to enter text.   | <b>Expiry date:</b><br>Click or tap here to enter text.   |
| <b>Public liability amount:</b><br>Click or tap here to enter text.  | <b>Professional indemnity amount:</b><br>Click or tap here to enter text.   |
| <b>Is a copy of insurance cover provided?</b><br>Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Is the provider registered with the NDIS?</b><br>Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Information about the observation</b>   |   |
| <b>What is the purpose for your observations?</b><br>Click or tap here to enter text.  |   |
| <b>How many observation sessions are required?</b>   | <b>How long is the observation session for?</b><br><input type="checkbox"/> 30 Minutes<br><input type="checkbox"/> 45 Minutes<br><input type="checkbox"/> 60 Minutes<br><input type="checkbox"/> Other: _____ |
| <b>How long will the observations need to be in place for?</b><br>(e.g. from 1 January 2019 to 23 February 2019).<br>Click or tap here to enter text.  |   |
| <b>Provider staff details (please list all staff who will be engaged in service delivery)</b>  |   |
| <b>Name:</b> Click or tap here to enter text.  | <b>Role:</b> Click or tap here to enter text.   |
| <b>Email address:</b><br>Click or tap here to enter text.  | <b>Contact number:</b><br>Click or tap here to enter text.  |
| <b>Photocopies attached:</b><br><input type="checkbox"/> Working with Children Check<br><input type="checkbox"/> National Police Clearance (Education) or<br><input type="checkbox"/> NDIS Worker Screening Clearance<br><input type="checkbox"/> Covid vaccination compliance | <b>List any professional registrations:</b><br>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><br>Click or tap here to enter text.  | <b>Contact number:</b><br>Click or tap here to enter text.  |
| <b>Photocopies attached:</b><br><input type="checkbox"/> Working with Children Check<br><input type="checkbox"/> National Police Clearance (Education)<br><input type="checkbox"/> NDIS Worker Screening Clearance   | <b>List any professional registrations:</b><br>Click or tap here to enter text.   |

| Provider Acknowledgment  |   |
|--|---|
| <input type="checkbox"/> Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. <b>Schools do not pay any costs for the provider to attend an onsite induction.</b>  |   |
| <input type="checkbox"/> Providers must understand and comply with Department of Education policies and school procedures.   |   |
| <input type="checkbox"/> Providers will notify the parent and school in writing should the details provided in the Service Schedule change.  |   |
| <input type="checkbox"/> Providers will immediately inform the schools about anything related to a student's welfare or safety.  |   |
| <input type="checkbox"/> Provides will provide a written handover at the end of the agreement period that includes: <ul style="list-style-type: none"> <li>• any ongoing risks for the student.</li> <li>• recommendations for any further treatment or support for the student, their family or the school community; and</li> <li>• any further action to be taken by the agency.</li> </ul>   |   |
| <b>Provider representative name:</b> Click or tap here to enter text.  |   |
| <b>Signature:</b>  | <b>Date:</b> Click or tap here to enter text. |
| Parent Acknowledgment  |   |
| <input type="checkbox"/> Parent understands that principals may reconsider access for a provider at any time.  |   |
| <input type="checkbox"/> Parent understands additional information about the decision-making process is available on the Department of Education's public website.   |   |
| <input type="checkbox"/> Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session   |   |
| <input type="checkbox"/> Parents are responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.  |   |
| <input type="checkbox"/> Parents understand schools will not cover any costs associated with the provider's access to the student at school.   |   |
| <input type="checkbox"/> Parents give consent for the release and exchange of information between the provider and the school.   |   |
| <b>Parent name:</b>  |   |
| <b>Signature:</b>  | <b>Date:</b>                                  |
| School Acknowledgment  |   |
| Schools acknowledge 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; and</li> <li>• coordinate further communication e.g., changes to the student's timetable 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>  |   |
| <b>Date of review:</b>   |   |

