Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

North Harrisdale PRIMARY

Family Request Form: External Provider

Our school is committed to providing quality education to all students in a safe, inclusive and caring learning environment. We value working in partnership with families to develop educational goals and options for input into student's learning outcomes.

Important information about the request:

Requests for access will be at the discretion of the school. The school will consider the 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.

Student details

Given names:	Surname:	Date of birth:

Parent details

Name:	Email address:	Contact number:
Name: (if applicable)	Email address:	Contact number:

Information about the support your child needs access to at school and during school hours.

What is the type of support you are asking to be provided?

How often will the support be provided?
(what days of the week and at what time of day e.g. once a week on Friday from 11 am to 12 pm, or once every second Friday from 11am to 12pm).

How long will the support need to be in place for? (e.g. from 1 January 2019 to 23 February 2019).

Please outline why the support needs to be provided at school, during school time.

Provider details	
Name of the provider	**Is the provider registered with the NDIS?** Please select one: ☐ Yes ☐ No ☐ Unsure

Please 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:

Note: 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.

School to complete (For office purposes only)			
Date request received		**Date request acknowledged**	
Consultation date		**Request approved**	☐ Yes ☐ No
Date parent advised of outcome		**Principal/Deputy Principal Signed**	
Reason (if request not approved)			