



APPLICATION FOR ONSITE THERAPY 2024



Durham
Road School

Application for Therapy Services to be provided at Durham Road School

Therapy delivered during school hours enhances educational outcomes and supports optimal health and wellbeing. Durham Road School supports therapeutic services for students with the most complex needs, during school hours.

School Priorities for On-Site Therapy:

1. The set up and management of postural support equipment and programs such as, wheelchairs, walkers, standing frames, positioning, hoisting, and physical skill programs for hydrotherapy, and floor programs.
2. Mealtime management support and programs for students with a diagnosis of dysphagia.
3. Trials of Alternative and Augmentative Communication systems in line with the Durham Road School's Communication Policy.
4. Special circumstances identified in consultation with the Line Manager or Principal, for example: trauma, surgery, illness, mental health emergency or uncharacteristic dysregulation.

Key Understandings for On-Site Therapy

1. Schools are responsible for student's educational outcomes. The decision as to whether a therapy service is to operate within the school is entirely at the discretion of the principal/line manager.
2. Student safety, wellbeing and education are the priority for any therapy provided in the school setting.
3. Minimizing disruption to educational programs is of the highest importance outside of student safety and wellbeing.
4. A collaborative approach between teachers, therapists and families is in the best interests of students and will assist in achieving positive outcomes.
5. Confidentiality between stakeholders is mandatory.
6. If therapy is not approved, therapists may apply for off-site therapy during school hours.
7. Approval to conduct on-site therapy is required each time a plan is updated, or goals are changed. Therapy Plans end after 12-months.

Apply for Approval for On-Site Therapy

1. Read 'Application: On-site Therapy 2024.'
2. Complete Form A and Form B.
3. Return Form A and Form B, with your child's current Therapy Plan to durhamroad.therapy@education.wa.edu.au or to your child's teacher.
4. You will be notified of the outcome of your application in writing.
5. You will be advised of the commencement date for approved on-site therapy.
6. If the on-site therapy request is not approved, you may be invited to complete a SECTION 24 ALTERNATIVE ATTENDANCE ARRANGEMENT. This will allow you to take your child to therapy, off-site, during school hours and still be marked as present at school.



FORM A: REQUEST FOR ON-SITE THERAPY

Section 1: Parent/Guardian Consent (REQUIRED)		
Student Name -		Room No. -
Parent/Guardian Name: _____		Phone: _____
Approval Signature: _____		Date _____
<input type="checkbox"/> I give consent for the release and exchange of information between this therapy provider and Durham Road School.		
Section 2: Therapy Request		
Therapist Name and Company	Therapy Requested	Therapy Plan Attached
		Yes No
Requirements for Therapists who provide On-Site Therapy		
<ol style="list-style-type: none">1. Provide a copy of your Working with Children Check and DOE Police Clearance and/or a NDIS worker Screening Criminal record check.2. Complete Form B3. Provide a current Therapy Plan, which clearly outlines the therapy that will be provided and meets one of the school's four on-site Therapy Priorities.4. Follow the Department of Education's 'Visitors and Intruders on School Premises Policy' and sign in on the iPad (located in the administration building) before and after each therapy session (Department of Education Website). Please inform the office staff the name of the student you are visiting.5. Wear your own identification badge or a visitor's badge.6. Provide staff training and written/photographic documentation/plans describing any procedures that the school agrees will be undertaken by staff.7. Inform parents and the school if you are unable to attend an approved therapy session.		
OFFICE USE ONLY		
Therapy Plan received and saved to student folder		Date:
Onsite therapy spreadsheet updated		Date:
Therapist details spreadsheet updated		Date:



FORM B: APPLICATION FOR ON-SITE THERAPY

COMPLETE ALL SECTIONS

Student Name -	Room No. -
Section 1: Therapist Personnel information	
Therapist Name	
Therapist Role	
Therapist Phone	Email:
Therapy Organisation	

Section 2: Method of Therapy Service			
<input type="checkbox"/> Direct service to child <input type="checkbox"/> Written/verbal Recommendations for teacher			
Section 3: Frequency of Service Requested			
Frequency of Service	Start & End Dates	Session Time	Duration of Service
<input type="checkbox"/> Weekly		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Term One
<input type="checkbox"/> Fortnightly		Time:	<input type="checkbox"/> Term Two
<input type="checkbox"/> Monthly		<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> Term Three
<input type="checkbox"/> Once or twice/term		<input type="checkbox"/> 60 Minutes	<input type="checkbox"/> Term Four
		<input type="checkbox"/> Other	

Section 4: Therapist Qualifications			
Professional Registration			
Public Risk Insurance	Provider	Limit (\$)	Expiry Date
Attach photocopies	REQUIRED <input type="checkbox"/> DOE Police Clearance and/or <input type="checkbox"/> NDIS Clearance <input type="checkbox"/> Working with Children Check <input type="checkbox"/> Student Therapy Plan		School use only All copies attached <input type="checkbox"/> Yes <input type="checkbox"/> No Return to therapist if No

Section 5: Therapist Agreement	
<input type="checkbox"/> I will notify the school in writing should these details change. <input type="checkbox"/> I agree and comply with Department of Education policies and school procedures. <input type="checkbox"/> I have attached the detailed Therapy Plan and all documentation in Section 4. <input type="checkbox"/> I will notify parents/guardians & durhamroad.therapy@education.wa.edu.au or Ph:9238 0900 for cancellations.	
Signature:	Date:

Section 7: Office Use Only	
<ul style="list-style-type: none"> • All documentation provided 	Date: