

Bullimbal School for Specific Purposes

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Tamworth, NSW 2340

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Administration Email: bullimbal-s.school@det.nsw.edu.au

Therapists Email: bullimbaltherapists@gmail.com



Parent Request for NDIS Funded Therapy in School 2025

STUDENT DETAILS		
Student Name	Student Class	
REQUEST DETAILS		
Type of Service	Therapist Name	
<input type="checkbox"/> Speech Therapy		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Physiotherapy		
<input type="checkbox"/> Behaviour Support		
<input type="checkbox"/> Exercise Physiology		
<input type="checkbox"/> Other _____		
Frequency of Service	Duration of Service	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Term 1	
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Term 2	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Term 3	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Term 4	
ACKNOWLEDGEMENT		
I understand that should no suitable times be available in my child's class the service cannot commence.		
I agree to the school sharing my child's Personalised Learning and Support Plan Goals with the listed therapists.		
I agree to the therapist sharing information about my child and their progress with the school.		
I agree to contact the school immediately if ceasing therapy.		
Parent/Carer Full Name	Signature	Date