**Bullimbal School for Specific Purposes**

18-36 Degance Street

Tamworth, NSW 2340

**Phone:** 6762 8003

**Fax:** 6762 8007

**Mobile:** 0407 582 813, 0480 261 652, 0480 342 343

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

**Therapists Email:** bullimbaltherapists@gmail.com

**Parent Request for External Therapy**

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| --- |
| **STUDENT DETAILS** |
| Student Name |  |
| **REQUEST DETAILS** |
| Type of Service | Therapist Name  |
| * Speech Therapy
* Occupational Therapy
* Physiotherapy
* Behaviour Support
* Exercise Physiology
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| Frequency of Service  | Duration of Service |
| * Weekly
* Fortnightly
* Monthly
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Term 1
* Term 2
* Term 3
* 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 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 |
|  |  |  |