Portland Bay School

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NDIS Funded Therapy at School: Form 2: Therapy Plan to be completed by provider

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| --- | --- | --- |
| Therapy Plan | | |
| Student: | | |
| Date of Plan: | | |
| Proposed time and dates of therapy: | | |
| School Space Requested: (Highlight) | | |
| Consulting Room | Gym | Multi-purpose Room |
| Kitchen | Classroom\* | Indoor Sensory Space\* |
| Outdoor Sensory Space | *\* Also requires teacher approval* | |
| Current Assessment: *What can the student do?*  Goals: *What will you be trying to get the student to do?*  Strategies: *How are you going to do it?* | | |
| Information Sharing Plan (Highlight or explain) | | |
| Verbal | Case Notes | Progress Reports |
|  | | |
| After each session | Weekly | Monthly |
|  | | |
|  |  |  |

Therapist checklist:

* Parent consent for therapy has been obtained
* I have completed my induction (annually)
* I have shared and explained this plan with the teacher
* I will deliver therapy in an open and visible space
* Upon request, I will provide feedback on the child’s progress and current therapy strategies
* I have completed and will abide by the licence agreement
* I have provided the school with a copy of my public liability insurance (unless exempt) and working with children’s check
* I will comply with all reasonable requests made by the principal or their representative

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_