Service Schedule

Parent initiated service provider for students with disability

The role of a service provider working in the school is to contribute to positive educational outcomes for the student, in a planned, collaborative manner.

***Important information for service providers*:**
Ideally, services provided enhance educational outcomes and goals for students and link to a student's existing Documented Plan.

In considering the school's duty of care towards all staff and students, principals can reconsider access to a provider if:

- the service no longer supports the student's educational needs;
- the service is impacting other students, staff or school operations;
- the service is unreliable or breaches the Service Schedule; or
- they have concerns for the provider's conduct or service quality.

All provider staff must wear identification on school sites at all time.

School details	
School Name:	
Location address (not mailing):	**Contact number**:
Student details	
Name:	
Parent/Carer details	
Name:	
Email address:	**Contact number**:
Service provider organisation details	
Organisation:	
Location address:	**A.B.N**:
Contact name:	
Email address:	**Contact number**:

Insurance provider:	**Expiry date**:
Public liability amount:	**Professional indeminity amount**:
Is a copy of insurance cover provided? Please select one: ☐ Yes ☐ No	**Is the provider registered with the NDIS**? Please select one: ☐ Yes ☐ No
Is the provider Covid compliant? Please select one ☐ Yes ☐ No	**I have sighted the providers COVID—19 digital certificate** Please select one: ☐ Yes ☐ No

Information about the support you intend to provide

What is the type of support you are seeking to provide?	
How does the support link to the student's Documented Plan or goals?	
Is a copy of the Student's service plan attached e.g. therapy plan? Please select one: ☐ Yes ☐ No	
What is the frequency of service? ☐ Weekly ☐ Fortnighlty ☐ Monthly ☐ Other: _____	**How long is the session time**? ☐ 30 Minutes ☐ 45 Minutes ☐ 60 Minutes ☐ Other: _____
How long will the support need to be in place for? (e.g. from 1 January 2019 to 23 February 2019).	

Provider staff details (please list all staff who will be engaged in service delivery)

Name:	**Role**:
Email address:	**Contact number**:
Photocopies attached: ☐ Working with Children Check ☐ National Police Clearance (Education) ☐ NDIS Worker Screening Clearance	**List any professional registrations**:
Name:	**Role**:
Email address:	**Contact number**:

Photocopies attached: ☐ Working with Children Check ☐ National Police Clearance (Education) ☐ NDIS Worker Screening Clearance	**List any professional registrations**:

School to complete

Support school staff may provide during school based service delivery

Confirm the specific roles for staff in the school who may be involved with the student and support the service delivery, for example a school nurse, school psychologist, education assistant.

Agreed school facilities/equipment to be used during school-based service delivery

Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered during class or outside the classroom.

Agreed provider equipment to be used during school-based service delivery

Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.

Supervision arrangements

Details of school arrangements for the supervision of provider during the course of service delivery.

Sharing of information

Details of how and when the provider will share relevant confidential information.

Student specific information

List any relevant considerations e.g. any health conditions which may lead to an emergency response, religious or cultural considerations etc.

Provider Acknowledgment

☐ Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.**

☐ Providers must understand and comply with Department of Education policies and school procedures.

☐ Providers will notify the parent and school in writing should the details provided in the Service Schedule change.

☐ Providers will immediately inform the schools about anything related to a student's welfare or safety.

☐ Provides will provide a written handover at the end of the agreement period that includes:

- any ongoing risks for the student;
- recommendations for any further treatment or support for the student, their family or the school community; and
- any further action to be taken by the agency.

Provider representative name:	
Signature:	**Date**:

Parent Acknowledgment

☐ Parent understands that principals may reconsider access for a provider at any time.

☐ Parent understands additional information about the decision making process is available on the Department of Education's public website.

☐ Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session

☐ Parents are responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.

☐ Parents understand schools will not cover any costs associated with the provider's access to the student at school.

☐ Parents give consent for the release and exchange of information between the provider and the school.

Parent name:	
Signature:	**Date**:

School Acknowledgment

Schools acknowledge that approving this Service Schedule requires the school to:

- coordinate access to the student;
- complete school processes and record the student's withdrawal from class;
- provide access to agreed school facilities and equipment; and
- coordinate further communication e.g. changes to the student's timetable or health and wellbeing.

Approved: ☐ Yes ☐ No	
School representative name:	
Signature:	**Date**:
Comment:	
Date of review:	