

**LOGAN RESERVE**

**STATE SCHOOL**

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| ***PARENT/CAREGIVER and EXTERNAL PROVIDERS REQUEST FORM*** |

From time to time, parents & carers may request the collaboration of staff from Logan Reserve State School with external providers to help support the educational and wellbeing needs of students. The following form is to be completed by parents / carers and external providers requesting a visit. A member of the school team will contact parents / carers once the school team has considered the request. **Requests for information must be received at least 2 weeks in advance to be actioned. The team will meet and respond once the collaborative decision has been made.**

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| **CHILD DETAILS** | | | |
| Child’s Full Name |  | DOB |  |
| Year Level |  |
| Parent / Guardian Name (s) |  | | |
| **PROVIDER INFORMATION** | | | |
| **WHAT IS REQUESTED? (Please attach any documentation)** | | | |
| **Letter for specialist**  **Questionnaire to be completed**  **Visit from external therapy service (meeting/therapy sessions)**  **Support from Strive team (including Speech-Language Pathologist, &/or Guidance Officer)**  **NDIS Therapy Service (additional NDIS request forms may need to be complete)**  **Other:** | | | |
| **WHEN IS THE INFORMATION REQUIRED BY?** | | | |
| Date: | | | |
| **WHO IS THE INFORMATION BEING PROVIDED TO?** | | | |
| Provider Business Name |  | | |
| Provider Name |  | | |
| Provider Contact Details |  | | |
| **RATIONALE FOR REQUEST FOR VISIT (to be completed by parent/carer and/or external provider)**  **Please provide timeframe (start and end date), space/room required** | | | |
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**Please email consent form to:** [LRSSAdmin@loganreservess.eq.edu.au](mailto:LRSSAdmin@loganreservess.eq.edu.au)