



Parent initiated service provider for students with disability request form 2026

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours. The external service provider will support your child within the school environment.

Notes:

- This form relates to external service providers only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school sites.
- Complete a separate form for each provider that you are requesting access for.

Your school will consider your request in line with the:

- duty of care to staff and students
- student educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources.

Your school may ask you or the provider for additional information. It is your responsibility to make sure the information provided is accurate and up to date.

The information on this form is collected by the school and shared only with relevant school staff providing education support to your child. The information will also support the school to adjust educational programs as required. This form is not shared with external service providers.

The information in this form, and other documentation related to parent-initiated service providers delivering services to your child on the school site, is stored locally on the school's electronic student information system and/or a hardcopy may be stored in the student's file.

The *School Education Act 1999* (WA), the *Disability Discrimination Act 1992* and the Disability Standards for Education 2005, authorise collection of this personal information. If schools do not collect this personal information, they will not be able to assess your request.

If you have any concerns about the collection or storing of this information, or wish to update your details, please contact your school.

Student details

Given name	Surname	Date of birth

Parent details

Name	Email address	Contact number
Name	Email address	Contact number

Information about the support to be provided

What is the type of support to be provided?
How often will the support be provided? Include the days of the week and time of day.
How long will the support be in place for?
Why does the support need to be provided at school, during school hours?

Provider details

Provider name	Is the provider registered with the NDIS?
Click or tap here to enter text.	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Provide any other information or documents about the support

This may include reports or information from the provider with details of the support to be provided and facilities required.

Parent signature**Date****School to complete (for office use only)****Date request
received****Date request
acknowledged****Consultation
date****Request
approved**☐ Yes ☐ No**Date parent
advised of
outcome****Approving staff
member****Notes**