

Shaping the future

Parent/Carer Confirmation Form



Parent initiated service provider for students with disability

Onsite therapy was engaged by you and your Provider in 2024 at Joondalup ESC. Please confirm if the below details are correct and continuing in 2025.

Our school is committed to providing quality education to all students in a safe, inclusive and caring learning environment. We value working in partnership with parents and families to develop educational goals and options for input into student's learning outcomes.

Important information about the request:

Requests for access will be at the discretion of the school. The school will consider the duty of care to staff and students, the student's educational and wellbeing needs, the ability of the student to access the service outside school hours or through existing Department programs, and the provider's use of school facilities and resources.

Student details					
Given names:	Surname:		Date of birth:		
Parent details					
Name:	Email	address:	Contact number:		
Provider/s details for 2024					
Name of the provider		Is the provider registered with the NDIS? Please select one: □ Yes □ No □ Unsure			
Therapist name/s		Therapy Provided:			
Email address:					
I give permission for the School to liaise with the Provider/Therapist ☐ Yes ☐ No					
I give permission for the School to share IEP's and any documented plans with your therapist/s ☐ Yes ☐ No					
If you have therapists across multiple Providers do you give permission to share email addresses between them					

□ Yes □ No					
New Provider Details for 2025					
Are you retaining the same Provider/Therapist for 2025					
☐ Yes Please sign below	se sign below No Please complete the section below and sign				
Name of the provider	Is the pr	Is the provider registered with the NDIS?			
	Please s	elect one: Y	'es □ No □ Unsure		
Therapist name/s	Therapy	Provided:			
Email address:					
I give permission for the School to lia	aisa with the	nrovider			
☐ Yes ☐ No	aise with the	; provider			
I give permission for the School to st therapist/s	hare IEP's a	nd any docume	ented plans with your		
□ Yes □ No					
If you have therapists across multiple Providers do you give permission to share email addresses between them					
☐ Yes ☐ No					
Joondalup Education Support Centre to school events such as swimming, our families and therapists when this	, excursions		• •		
As this form if for the duration of your child's enrolment at Joondalup ESC,it is the parent/carer responsibility to notify the school of a change in Providers or therapists					
Parent signature			Date:		
Note: Additional information relating to this request may be required from parents or the provider and will be the responsibility of parents to ensure that such information is provided.					
OFFICE USE ONLY					
Date Received:					
Room No:		Teacher:			