JOONDALUP ESC
THERAPY ATTENDANCE ARRANGEMENT

This arrangement enables a school to manage the attendance of a student while they attend therapy off site.

SECTION 1 - STUDENT DETAILS – Completed by the school
Student name:
Date of birth:
Parent name:
Address:
Telephone:

SECTION 2 - ARRANGEMENT DETAILS – Completed by parent/ carer		
Summary of reasons for seeking this therapy attendance arrangement:		
Frequency and length and details of arrangement: (e.g. Semester 2, Term 4, Weeks 4-8, Wednesdays only at 11am)		
If the student is absent for the offsite therapy session, it is the responsibility of the therapist to notify Joondalup ESC on 9233 5800 so the student's attendance record can be modified.		
I understand and give consent for my son/daughter to undertake therapy through this arrangement		Yes
		No
Parent/legal guardian name		
Parent/legal guardian signature		
Date		

SECTION 3 – THERAPY DETAILS – Completed by the therapist	
Therapy provider	
Address	
Course or program/ therapy	
Commencement date	

SECTION 3 – THERAPY DETAILS – Completed by the therapist cont…….	
Review date	
Total hours per wk/fn	
Number of hours per day (if applicable)	Mon / Tue / Wed / Thur / Fri

When a child misses…	That equals…	Which is…	Over 13 years of schooling is…
1 hour per week	10 hours per term	8 days per year	Nearly 1 semester
2 hours per week	20 hours per term	14 days per year	Nearly 1 year
1 day per week	40 days per year	8 weeks per year	Over 2 ½ years

_____ confirms that _____

(name of therapy provider- Agency) (name of student)

has a *therapy attendance arrangement for*: _____

(name of program/ therapy type)

approved by: _____

(Parent/ guardian name)

Therapist	
Direct contact number	
Email Address	
Signature	
Date	

SECTION 5 – SCHOOL DETAILS- Completed by the school	
School name	Joondalup Education Support Centre
School address	150 Blue Mountain Drive, Joondalup
School telephone number	9233 5800
School email address	Joondalup.ESC@education.wa.edu.au
Classroom Teacher name	
Principal	Natalie Hatton

APPROVAL AND REVIEW SCHEDULE – Completed by the therapist						
Review date 1:	Continue		Cancel		Date	
Comments						
Review date 2:	Continue		Cancel		Date	
Comments						