**Physical Disability Service Application**

**Occupational Therapy and/or Physiotherapy**

**Section 1: School to complete**

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| --- | --- |
| Student’s name:(*Family name)* | *(Given names)* |
| Address |
| Date of birth: Male / Female: Year level: |
| Ethnicity |
| Parent / caregiver namePhone number Email |
| School name & email addressPhone number: |
| Name of principal or delegated person making application:Designation:Signature:Contact details: Phone: Email |
| Has an application ever been made to the Ongoing Resourcing Scheme? Yes / No Date of any application: |
| **Is the student currently receiving:**School High Health Needs Fund (SHHNF)……………………………………… Resource Teacher Learning and Behaviour (RTLB) * Learning and behaviour support …………………………………………
* High Learning Needs (HLN) support (formally SLS) ……………….…

Communication service * Speech Language Therapy ……………………………………………..
* Language and Learning Intervention (LLI support)…………………..….

Severe Behaviour Service………………………………………………………… Early Intervention Service ………………………………………………………… Assistive Technology resourcing………………………………………………….. Special Education Grant (SEG) / TA funding……………………………………  | Yes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / NoYes / No Yes / No |

**Please return the completed application to you local provider.**

For details please go to:

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/ServicesAndSupport/SchoolSpecialistServiceProviders.aspx>

**Further information about this service is available at:**

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/ServicesAndSupport/PhysicalDisabilityService.aspx>

**Educator Information Sheet** <http://www.minedu.govt.nz/~/media/MinEdu/Files/EducationSectors/SpecialEducation/SupportForStudentsQuickGuide/InfoSheetThePhysicalDisabilityService.pdf>

**Section 2 Parent / Caregiver to complete**

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| --- |
| Please write down any concerns you and / or your child have about their physical skills and the affects this has on the way they participate in learning activities at school. What would you consider priorities for occupational and /or physiotherapy support? |
| Does your child receive support from:* A medical specialist e.g. paediatrician or orthopaedic surgeon Yes / No
* Physiotherapist Yes / No
* Occupational therapist Yes / No
* Other (please specify)

If you answered “Yes” to any of these questions please tell us which agency or service is involved. |
| Is your child receiving a service from ACC Yes / No  |
| Are there any other relevant professional or agencies involved with your child? |
| I give consent for this application to be made on behalf of…………………… (child’s name)I agree to a therapist visiting the classroom and school environment and consulting with the class teacher if this is necessary.I give permission for the Ministry of Education or their contracted service providers to discuss this referral, if necessary, with other current or recent providers.Parent/ caregiver signature:Date: |
|  |
| **Further information about this service is available at:**<http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/ServicesAndSupport/PhysicalDisabilityService.aspx> Parent/ Caregiver Information sheet <http://www.minedu.govt.nz/~/media/MinEdu/Files/EducationSectors/SpecialEducation/ParentInformation/InfoSheetPhysicalDisabilityService.pdf> **Or contact your local Ministry of Education office.**  |

**Section 3: Teachers to complete**

**In the 5 boxes below please explain how the student’s physical difficulties impact on their participation and learning and your priorities for support.**

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| --- |
| 1. Moving around the school and access to the physical environment e.g. in the classroom, accessing the desk, steps, doorways, transition between areas/classes.

Please comment on any equipments/aids used. |
|  |
| 1. Participating in physical activities such as PE, fitness, sport, and recreational movement (games and playground).

Describe briefly adaptations made to equipment or activities. |
|  |
| 1. Using materials and tools for learning e.g. writing tools and materials, books, art material, technology, maths equipment.

Describe briefly adaptations made to equipment or activities. |
|  |
| 1. Managing self e.g. toileting and hygiene, lunch and snacks, clothing, managing personal belongings, setting up and packing away.

Please comment on any aids or strategies used. |

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| 1. What would you consider priorities for occupational and /or physiotherapy support?
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**If you have a current IEP or similar planning document please attach it to this application.**

*For office use only:*

*Application number:…………. Date received:……………….*

*Date Access to service form completed……………….. Date of first contact…………………….*