

REQUEST FOR THERAPY ACT
IN-SERVICE SESSION

(To be filled in by person making request)

Name of person making request:

Date:

Name of School/Program:

Contact phone no:

Supervisor/Principal:

Approval:

What is being requested and for what date (approximately)?

Group for whom service is requested?

Reason for requesting the service?

No of participants?

Goals:

Expected outcomes of the service:

What staff will be involved and how?

Suggested evaluation methods:

Return form to:

Intake Officer, THERAPY ACT, Cnr Weingarth & Blackwood Tce, Holder 2611 or fax 6205 1266.

OFFICE USE ONLY: (Record date received, name of person approving and allocation details)

INTAKE

TEAM LEADER

SENIOR PROFESSIONAL

ALLOCATED TO:

SERVICE DELIVERY DETAILS
(To be completed once the request has been approved).

THERAPY ACT will provide:

Area requesting service will provide:

Contact names: THERAPY ACT:

Requesting Service:

Phone:

Phone:

Supervising Officer/Principal:

Approval:

Date:

Any changes to these arrangements must be notified and negotiated by both parties. Please note cancelled arrangements may not be able to be rescheduled in the same semester.

To be filled in at conclusion

Evaluation:

(What was achieved?)

Recommendations:

(Eg How could it have been improved?)