**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 name  Phone number Email | | |
| School name & email address  Phone 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 / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / 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? |

**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…………………….*