



BSS MEETING REQUEST AND PARENT CONSENT

Parents/Caregivers can request a meeting at any time when practicable with their teacher.

Parents can invite NDIS practitioners to attend Student Support Group (SSG) meetings by informing the school of this on the SSG invitation forms that are sent out by the teacher prior to the SSG meetings. It is the responsibility of the parent/caregiver to liaise with any NDIS practitioners they wish to invite to notify them of the time, date and location of the meeting.

With notice and where possible a representative from the school can attend care team meetings organised by external agencies. Please contact the school to invite a school representative to external meetings.

An NDIS practitioner or parent can request an additional meeting to discuss the student's therapeutic needs and to promote collaborative practice by completing the **BSS Meeting Request and Parent Consent Form** at least 10 days prior to the intended meeting time.

Prior to the meeting the practitioner's details/information/documentation will be processed and entered onto the Ballarat Specialist School External Practitioners Register. This register will be reviewed and updated on an annual basis.

In the meeting the NDIS practitioner will act in the role of 'consultant'. Advice provided by the practitioner will be discussed and where practicable and in the best interest of the student a decision will be made by the Principal (or his/her delegate) to adopt said advice or strategies.

OFFICE USE ONLY	
<i>Received on</i>	
<i>Student name</i>	
<i>Therapist name</i>	
<i>Approved / Not Approved by</i>	
<i>Response sent on</i>	
<i>Details entered in Register</i>	
<i>Calendar Entry</i>	

BSS REQUEST FORM – PART A: MEETING REQUEST FORM AND PARENT CONSENT
TO BE COMPLETED BY NDIS FUNDED THERAPIST / PRACTITIONER



BALLARAT
SPECIALIST
SCHOOL

Name of therapist / practitioner	
Company / agency	
Phone number and email	
Qualifications and registrations held by therapist / practitioner	
Working With Children card number and expiry date (please attach copy)	
Name of student	
Purpose of the proposed meeting	
Proposed date / time and duration for the meeting	
Proposed attendees for the meeting	

TO BE COMPLETED BY PARENT(S)*

CONSENT of PARENT, GUARDIAN, CARER or MATURE MINOR*	
Name:	Relationship to student:
Phone number and email:	Date and signature: