



BSS STUDENT OBSERVATION REQUEST AND PARENT CONSENT

An NDIS practitioner can request to conduct a student observation at any time when practicable for the teacher (with appropriate consent).

To have NDIS practitioners conduct an observation of a student on-site, **the parent/caregiver and therapist/practitioner will jointly complete** the **BSS Student Observation Request and Parent Consent Form at least 10 days prior** to the intended observation time for approval by the Principal or his/her delegate.

An approval email and the confirmation of the observation time and date will be communicated to the practitioner and the parent/caregiver within 10 business days. Prior to the observation 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.

On the day of the observation the practitioner is responsible for establishing the student's attendance and campus location at the designated observation time.

During the observation the practitioner will act in the role of 'observer', as such they must not interfere with the regular operations of the class nor cause disruption or distraction to students or educators teaching or supporting classes. Feedback and advice provided by practitioners will be discussed at the completion of classes or when practicable for the teacher. Feedback and advice received from the practitioner will be actioned by decision of the Principal (or his/her delegate) in consultation with the parent/caregiver.

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 B: STUDENT OBSERVATION REQUEST FORM AND PARENT CONSENT
TO BE COMPLETED BY NDIS FUNDED THERAPIST / PRACTITIONER



BALLARAT
SPECIALIST
SCHOOL

Name of therapist / practitioner	
Company	
Phone number and email	
Qualifications and registrations held by therapist / practitioner	
Working With Children Card no and expiry date (please attach a copy)	
Name of student	
Purpose of the proposed observation	
Proposed date / time and duration for the observation	
Proposed location for the observation	

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: