

Help for non-English speakers



If you need help to understand the information in this policy, please contact the school office by phoning 03 9578 1327.

Rationale

The school environment can be the ideal location for our students to engage with allied health professionals such as occupational therapists, speech pathologists and psychologists. We, at Ormond Primary School, are keen to build relationships with the allied health professionals who work with our students in order to create a safe and supportive environment in which all adults are working on the same goal(s) and using the same strategies to support each child's development.

There are some foundational expectations that must be adhered to in order for this relationship to be productive and successful. These include:

- Parents or allied health professionals contact the principal or assistant principal to seek permission to conduct their business onsite at least four weeks prior to the scheduled visit(s). Any changes to the scheduled day/time of the visit(s) should also be communicated at least four weeks prior to the change coming into effect, including where there is a change of therapist.
- Parents and the allied health professionals consult with the principal or assistant principal and the classroom teacher to agree an appropriate day and time for the sessions to be held. Ormond Primary School has a duty of care for each student and is accountable for their educational outcomes. For this reason, sessions are not held on school grounds during scheduled play times (unless the allied health professional is specifically supporting the student with their social, emotional, communication or motor skill development on the yard), during specialist classes, or outside regular school hours.
- Ormond Primary School requests that parents and allied health professionals avoid arranging onsite visits during the first two weeks of the school year, and the first week of each term. This allows the students to settle back into school and the staff to ensure that our documentation and schedules are up to date. In special circumstances, we will accommodate visits, and these should be arranged with the principal or assistant principal no later than the penultimate week of the previous term.
- The allied health professional provides the school with a copy of their Working with Children Card and professional registration documentation, as well as proof of their certificate of currency (liability and workcover). On their first visit, and annually thereafter, the allied health professional completes an OH&S induction and signs our Code of Conduct.
- Ormond Primary School will work with individual therapists to negotiate spaces and required resources (i.e. tables and chairs, etc.). We cannot guarantee, however, that a private room will be available for every therapist's visit or that the requested resources will be in the space and available. Individual therapists may be required to provide their own resources and/or set up the space in which they are working. Special arrangements can be made for assessments and other one-off sessions but, otherwise, therapists will be assigned a space in which to work on an individual basis. These spaces may include the library area, breakout space, atrium, school yard, etc.

External Allied Health Professionals

Expectations and Agreements



- The allied health professional establishes an email thread, including the parent(s), classroom teacher, principal and assistant principal, through which they communicate the results of assessments carried out and their plan for the student, including SMART goals and strategies, at the beginning of the arrangement and at least termly thereafter. An update on progress is sent by the allied health professional to each party via email within 48 hours of each session.
- Parents and/or school staff may invite the allied health professional to attend the student support group meeting for a particular child.
- Agreements for allied health professionals to provide therapy at Ormond Primary School are for one term only but may be extended as long as school staff are satisfied that the child is making progress, the sessions are not impeding on the child's learning at school and all plans and progress reports are produced according to these expectations.

In order to establish/continue our agreement, please complete the following form and return it, by email, to ormond.ps@education.vic.gov.au.

External Allied Health Professionals

Expectations and Agreements



Student Details
Name
Date of Birth
Grade

To be completed by the <u>Parent(s)/Carer(s)</u>	
Parent A	Name
	Phone
	Email
Parent B	Name
	Phone
	Email
Agreements:	Initial
<i>I give permission for Ormond Primary School to share information with the allied health professional named below.</i>	Initial here
<i>I give permission for the allied health professional named below to withdraw my child from his class at the agreed time and days.</i>	Initial here
<i>I will liaise with the allied health professional in relation to student support group meetings and understand that I can invite them to attend and/or provide written input, should it be deemed appropriate.</i>	Initial here
<i>I understand that this agreement is for the duration of one school term only and will be reviewed at our each student support group meeting.</i>	Initial here
<i>I will ensure the school has the most up to date information in relation to the therapy my child is receiving at school and externally.</i>	Initial here

To be completed by the <u>Allied Health Professional</u>				
Name				
Company				
Address				
Phone				
Email				
Qualification(s)				
Professional Registration(s)				
NDIS Registered Practitioner?	Yes		No	
Frequency of visits	One off	Weekly	Fortnightly	Monthly
	Other:			
Agreed Day	Monday	Tuesday	Wednesday	Thursday Friday
Agreed Time	Start:		Finish:	
Requirements (room, resources, etc.)				
Agreements:				Initial
<i>I have read and understand the conditions of this arrangement, as outlined in the cover letter of this document.</i>				Initial here
<i>I will establish an email thread, including all the people listed below, to ensure all communication is shared, open and transparent.</i>				Initial here
<i>I will provide a copy of my plan to the school within two weeks of my first session with the student named above at Ormond Primary School and will provide updates at least termly thereafter.</i>				Initial here
<i>I agree to provide student information to the school, via email, after each session provided onsite at Ormond Primary School.</i>				Initial here

External Allied Health Professionals

Expectations and Agreements



<i>With parent/carer consent provided in this agreement, I agree to inform the school about the student's disability and their needs.</i>	Initial here
<i>I agree to immediately notify the assistant principal of information about the student that relates to reasonably foreseeable risk to anyone. This includes, for example, information that the student has emotional, wellbeing or self-harm issues; displays aggressive or violent behaviours and is a victim or perpetrator of bullying, assault or age-inappropriate sexualised behaviours.</i>	Initial here
<i>I agree to attend student support group meetings when requested by the school or the parent at a mutually convenient time.</i>	Initial here
<i>I acknowledge that this agreement is for the duration of one term and will be discussed at termly student support group meetings.</i>	Initial here
<i>I understand that facilitating external allied health professionals contributes to the workload of the staff at Ormond Primary School. I agree to provide at least four weeks' notice of any changes and will not make arrangements to visit in the first two weeks of the school year or first week of Terms 2, 3, and 4.</i>	Initial here

External Allied Health Professionals

Expectations and Agreements



Student Support Group Members		
Name	Role	Email
	Parent	
	Parent	
	Allied health professional	
	Teacher	
<i>Aaron Jones</i>	Assistant Principal	<i>Aaron.Jones@education.vic.gov.au</i>
<i>Patrick Halpin</i>	A/Principal	<i>Patrick.Halpin@education.vic.gov.au</i>

Signed by:	Date:
Parent	
Therapist	
Principal/ Assistant Principal	