External Service Provider Policy & Toolkit

Section 1: External Service Provider Access Policy – SAER Support

Purpose
To manage external service provider (ESP) access in a way that prioritises student wellbeing and educational progress while maintaining the smooth and safe operation of the school.

Scope
This policy applies to all requests for therapists or service providers to work with students on-site during school hours, including (but not limited to): Speech Pathologists, Occupational Therapists, Physiotherapists, Psychologists, Behaviour Support Practitioners.

Rationale
Schools have a duty of care to ensure on-site therapy does not compromise student safety, wellbeing or education. Therapy sessions must not interfere with core education unless absolutely necessary With growing demand for on-site support and a current load of external therapy providers, a structured and fair decision-making framework is required. This ensures:

- The best interests of students and the school community are maintained.
- Equity, consistency, and educational alignment.
- Efficient use of school resources.

Committee Structure
All requests will be reviewed by the External Services Committee, comprised of:

- The Principal (or delegate)
- The Learning Support Coordinator (LSC)
- A School Board Parent representative

The committee will meet a maximum of twice a term to assess new and ongoing requests.

Evaluation Criteria

Criterion	Description
Educational Relevance	Clear connection to student's IEP, documented learning adjustments or wellbeing needs.
Non-Duplication	Service is not already provided by school-based programs or staff.
Space & Time Feasibility	School has capacity to host the session without major disruption. Therapy sessions must not interfere with core education.
Student Access Equity	Considers the number of students needing support and ensures fairness.
Therapist Compliance	Provider must submit current WWCC, insurance, and a visitor declaration.
Parental Consent & Involvement	Written consent and shared understanding of school protocols as outlined in the Service Schedule.
Information Sharing	Agreed process for sharing therapy goals, frequency, and updates with staff. As outlined in the Service Schedule

Conditions of Access
If approved, ESPs must:

- Sign in at the front office and wear a visitor badge at all times.
- Work only in designated spaces at scheduled times.
- Comply with all relevant DoE and school policies.
- Share relevant information with parental consent.

Review and Renewal
All ESP approvals will be reviewed in the time frame stated in the service schedule. Access may be revoked if conditions are not met. Once a service schedule has been issued the timeline for renewal / review is determined by that document or the school if the needs of the school require a change.

Section 2: Service Request Form – External Provider Access

(To be completed by parent/carer and submitted to the principal)

Please see Appendix B for the Parent Request Form

Section 3: ESP Committee Scoring Rubric

Use this rubric to evaluate each application. Circle the appropriate score for each criterion. Appendix C

Criteria	Guiding Question	1	2	3	4	5
Educational Relevance	Is the service linked to the student's IEP or learning needs?	No link	Limited link	Some link	Strong link	Strong, documented link
Alignment with School Supports	Does it complement, not duplicate, school services?	Duplicates services	Some overlap	Slight overlap	Mostly complementary	Clearly complements
Communication & Collaboration	Will the therapist communicate with staff?	No communication	Unclear plan	Occasional updates	Agreed plan	Ongoing two-way communication
Practical Feasibility e.g. timetabling and physical space available	Can it be accommodated with minimal disruption?	Major disruption	Moderate disruption	Manageable	Minimal impact	Easily accommodated
Therapist Compliance	Are all documents (WWCC, insurance, visitor declaration) submitted?	None provided	1 of 3 provided	2 of 3 provided	All provided but not current	All current and complete
Student Equity Consideration	Does the need justify in-school access?	Very low priority	Low need	Moderate need	High need	Exceptional need
Frequency & Duration	Is the proposed schedule sustainable?	Too frequent/disruptive	Frequent	Weekly	Fortnightly	Occasional/short-term only

Total Score: ____ /35

Approval Thresholds:

- 30–35: ✅ Approved
- 20–29: 🟡 Further Review
- Below 20: ❌ Not Approved

Appendix A

Newsletter Communication for Families

📢 Important Update: External Therapy Services On Site

At Clifton Hills Primary School we are committed to supporting every child to reach their full potential. We understand that some students benefit from working with external therapists (e.g., speech pathologists, occupational therapists) during school hours. The option to make appointments for your child during school time offsite is available as is the request to have the therapists visit on site. This option requires the completion of and External Therapist Request Form (ESP) to be completed and submitted to the principal.

Currently, we have over 30 therapists attending the school site, and this demand continues to grow. To ensure we can manage this fairly, safely, and with minimal disruption to learning, we are introducing a new process for families who wish to have external service providers see their child at school

🧠 What's Changing?

From Term 4 2025, all requests for on-site therapy will go through a short application process, reviewed by a school committee. This ensures:

- Educational goals are supported
- Therapy does not interrupt core learning
- We can safely manage the number of visitors on site

📝 How Do I Apply?

1. Complete the External Service Provider Request Form (ESP) (available from the front office or school website)
2. Ensure the therapist provides required documentation (WWCC, insurance)
3. Submit the form to the front office. You will be contacted after the ESP committee reviews the request.
4. Committee will determine eligibility and then a Service Schedule will be issued

📌 What This Means for You

- This applies to *all* therapists working with your child at school
- Out-of-hours or off-site sessions are unaffected
- We encourage off-site therapy wherever possible to preserve learning time

We value your partnership and aim to work together to support all students.

For questions, contact:

Patricia Joss

Principal

Cliftonhills.ps@education.wa.edu.au ☎ 92347800

Appendix B ESP Request Form

EXTERNAL SERVICE PROVIDER PARENT REQUEST FORM

Parents use this form to request access for external service providers, such as therapy services, for their child during school hours.

Notes:
- This form relates to external service providers only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school sites.
  - Parents MUST complete a separate form for each provider that is being requested to have access on our site.

Your school will consider your request in line with the:
- duty of care to staff and students
- student's educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources.

Any additional information requested by the school is your responsibility to make sure this information is provided.

Student details		
Given names	**Surname**	**Date of birth**

Parent / Carer details		
Name	**Email address**	**Contact number**
Name (if applicable)	**Email address**	**Contact number**

Information about the support to be provided
What is the type of support to be provided?
How often will the support be provided? **Include the preferred days of the week and time of day.** ***For example every Friday 11am to 12pm*** **or every** ***fortnight beginning week 2 term 2 2026 Mondays at 10:00.***
How long will the support be in place for? *For example from 1 February 2023 to 6 December 2023.*

School to complete (for office use only)			
Date request received		Date request acknowledged	
Consultation date of ESP Committee		Request approved	☐ Yes ☐ No
Date parent advised of outcome		Approving staff member	Principal
			LSC
Notes			

Appendix C ESP Committee Scoring Rubric

Date of Committee Meeting:

Criteria	Guiding Question	1	2	3	4	5
Educational Relevance	Is the service linked to the student's IEP or learning needs?	No link	Limited link	Some link	Strong link	Strong, documented link
Alignment with School Supports	Does it complement, not duplicate, school services?	Duplicates services	Some overlap	Slight overlap	Mostly complementary	Clearly complements
Communication & Collaboration	Will the therapist communicate with staff?	No communication	Unclear plan	Occasional updates	Agreed plan	Ongoing two-way communication
Practical Feasibility e/g/ timetabling and physical space availability	Can it be accommodated with minimal disruption?	Major disruption	Moderate disruption	Manageable	Minimal impact	Easily accommodated
Therapist Compliance	Are all documents (WWCC, insurance, visitor declaration) submitted?	None provided	1 of 3 provided	2 of 3 provided	All provided but not current	All current and complete
Student Equity Consideration	Does the need justify in-school access?	Very low priority	Low need	Moderate need	High need	Exceptional need
Frequency & Duration	Is the proposed schedule sustainable?	Too frequent/disruptive	Frequent	Weekly	Fortnightly	Occasional/ short-term only

Total Score: ____ /35

Approval Thresholds:

- 30–35: ✅ Approved
- 20–29: 🟡 Further Review
- Below 20: ❌ Not Approved

Principal / LSC to inform Parent / Carer

Appendix D Service Schedule

Service Schedule

Green shading: School to Complete

Yellow Shading: Parent to Complete

Blue Shading: Service Provider to Complete

Parent initiated service provider for students

Note: This schedule relates to external service providers only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school sites.

School details	
School name: Clifton Hills Primary School	
Location address (not mailing): 1 Butler Pass KELMSCOTT	Contact number: 92347800
Student details	
Name:	
Parent/carer details	
Name:	
Email address:	Contact number:
Organisation:	
Location address:	ABN:
Contact name:	
Email address:	Contact number:
Insurance provider:	Expiry date:
Public liability amount:	Professional indeminity amount:
Is a copy of insurance cover provided? Please select one: ☐ Yes ☐ No	Is the provider registered with the NDIS? Please select one: ☐ Yes ☐ No

School to complete

Support school staff who may be present during school-based service delivery

No support staff will be involved with the student and assist the service delivery, however,

LSC, class teacher or education assistant may observe the provision of the service on an as needed basis, determined by the school.

Agreed school facilities/equipment to be used during school-based service delivery

Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered in class or outside the classroom. (Circled venue and regularity apply)

Venue: UCA Staff Office Interview Room Chaplain's Office LSC Office Wellness Centre

Time:

Day:

Regularity: Weekly Fortnightly Monthly Termly

Agreed provider equipment to be used during school-based service delivery

Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.

Bring own

Sharing of information

Details of how and when the provider will share relevant confidential information.

Provider to complete information sheet in the file in the front office when signing out.

Failure to do so terminates this Service Schedule.

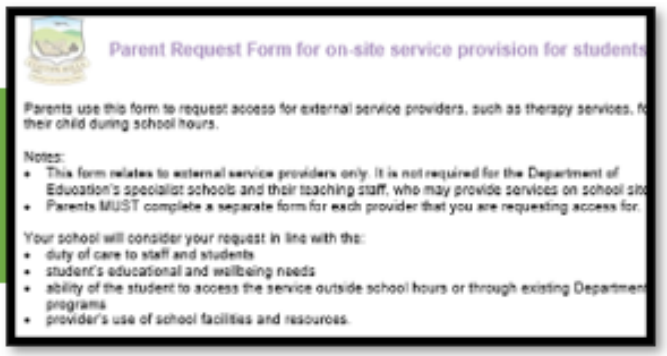
Student specific information

List any relevant considerations e.g., any health conditions which may lead to an emergency response, religious or cultural considerations etc.

Provider acknowledgment: All communication through the parent.	
☐ Provider understands school will require an on-site induction before any access to the school site and students. Schools do not pay any costs for the provider to attend an onsite induction. ☐ Provider must understand and comply with Department of Education policies and school procedures. ☐ Provider will notify the parent should they wish the details provided in the Service Schedule to change. ☐ Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI). ☐ Provider will complete the information sheet in the front office before signing out after every visit. ☐ Provider understands as they have signed this Service Schedule, they can NOT send a replacement provider if unable to attend. ☐ Provider will provide a written handover at the end of the agreement period that includes: • any ongoing risks for the student • recommendations for any further treatment or support for the student, their family or the school community • any further action to be taken by the agency.	
Provider name:	
Signature:	**Date:**
Parent acknowledgment: All communication through the parent.	
☐ Parent understands that the Service Schedule may reconsidered to ensure the smooth running of the school and access for a provider may be cancelled at any time. ☐ Parent understands additional information about the decision-making process is through the School Service Provider Policy and Department of Education Policy. ☐ Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session. ☐ Parent understands only the provider who has signed this Service Schedule is to attend the site. ☐ Parent is responsible for communicating with the school to advise absence of provider or absence of their child. ☐ Parent understands the school will not cover any costs associated with the provider's access to the student at school. ☐ Parent gives consent for the release and exchange of information between the provider and the school.	
Parent name:	
Signature:	**Date:**
Comments /Questions?	

Appendix E Process Flow Chart

Parent Submits Service Request Form


Parent Request Form for on-site service provision for students

Parents use this form to request access for external service providers, such as therapy services, f
their child during school hours.

Notes:
- This form **relates to external service providers** only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school site
- Parents MUST complete a separate form for each provider that you are requesting access for.

Your school will consider your request in line with the:
- duty of care to staff and students
- student's educational and wellbeing needs
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources.

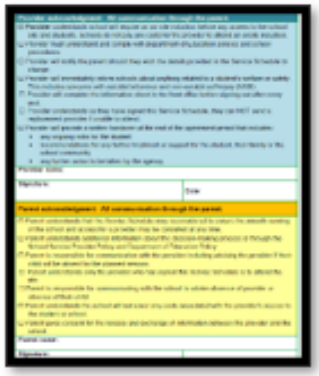
ESP Committee meets and determines eligbility

Service Schedule is generated if approved


Service Schedule

Parent initiated service provider for students

Parent and Provider Complete their acknoledgment and sign.



Parent submits Schedule and all required documents to Principal

Service can begin on site