



**Authorisation to Contact Private Therapist**

**#4b**

*This form is to be completed by the parent/guardian.*

Student Name

I understand that the school works in collaboration with families and therapists who have provided intervention services outside of the school environment. In order to work together and assist students to generalise these goals throughout their learning program at Fisher Road School, it may be necessary for the school to seek information regarding the current goals and progress so this can be taken into account when the school is programming for my child. I hereby give my permission for the school to contact my child's private therapist(s) to obtain the necessary information.

<b>Speech Therapist</b>	
Organisation	
Phone	
email	

<b>Physiotherapist</b>	
Organisation	
Phone	
email	

<b>Occupational Therapist</b>	
Organisation	
Phone	
email	

*I understand the information so disclosed may be discussed by the principal of the school with other members of the school staff/therapist, as is necessary, enabling staff to care for my child. Permission is given until I withdraw my authority in writing.*

Parent/Carer Name:	
Date:	

X

Parent/Carer Signature