

Additional Speech Therapy Program at St Albans Meadows Primary School

Dear Parent,

We are the speech pathologists working at St Albans Meadows Primary School. We also see children who have NDIS plans and require access to a speech pathologist.

If it is recommended that your child receive support with a speech pathologist to assist in improving learning outcomes in any of the following area(s), please follow the instructions below to make an appointment with us:

Next steps:

1. Please ring Speech Ease Speech Pathology directly (ph: 8645 3747) to make an appointment for your child to see a speech pathologist.
2. Our staff will take down any further concerns, explain costs, payment process, and organise for other paperwork to be completed. Our staff will then book your child in for an assessment/initial consultation.
3. You will then inform us of your funding situation (eg., NDIS, or partial rebates through the Enhanced Primary Care GP plan).
4. After the assessment/initial consultation, a recommended plan of action will be drafted and this information will be fed back to the family and, with permission, the school.
5. Payment is made by the parent, or third party payers such as NDIS (with approval by the parent).

If you consent to the school giving relevant information about your child's learning needs to the speech pathologist at Speech Ease Speech Pathology, please tick "YES" and sign below.

- YES I give St Albans Meadows Primary School permission to pass on relevant information about my child's learning needs to Speech Ease Speech Pathology.
- NO I do not give St Albans Meadows Primary School permission to pass on information.

If you consent to your child being seen at school by a Speech Ease Speech Pathologist, please tick "YES" and sign below.

- YES I authorise a speech pathologist from Speech Ease to conduct therapy sessions with my child at St Albans Meadows Primary School.
- NO I do not give permission for the speech pathologist to conduct therapy sessions with my child at the St Albans Meadows Primary School.

Parent's Signature: _____

Parent's Name: _____

Date: _____

Thank you and we look forward to helping your child meet their communication and learning goals.

Sincerely,
Speech Ease Speech Pathology