



Regional Services
15-31 Ayliffes Road
St Marys SA 5142
PO Box 1117
Pasadena SA 5142
T: (08) 8172 9203
F: (08) 8172 9201

E: regionalservices@novita.org.au

Request for Novita services - Schools

Novita's services are provided for children from birth to 18 years of age. Clients must be residents of South Australia and have been diagnosed with either a permanent impairment to physical functioning or an acquired brain injury that has the potential to impact on their participation in life and is likely to require ongoing support.

Novita's support also extends to the children's family, child care workers, teachers, friends and other members of their community. For more information please see www.novita.org.au.

Services can be requested for registered Novita clients by completing this form.

Name of child		Date of request	
School/preschool name			
Regional area or name of town (ie Riverland or Berri)			
Name of child care / preschool / school			
Name of teacher or contact person			

Are the parents/caregivers aware of this request? Yes No

Response to your request.

Once your request is received a team member will contact you by e-mail or phone for more information. We will also discuss the best way to respond to your request, such as phone follow-up, link with local services or planning time for an appointment during our next scheduled visit.

Training and development requests will be discussed with your school and, where appropriate, with other schools and services in your area to ensure that we are able to work as effectively as possible.

Preferred method of communication

Phone / mobile

Number

Email

Email address

Best time/day to contact

To help us to determine the best way to provide the support you require, please complete one or more of the following sections as it best relates to your needs:

- Education Plan (NEP or IEP)
- Equipment and access
- Classroom support
- Training and development.

Name of child _____

Does the child have	<input type="checkbox"/> OEDCP (oral eating and drinking care plan)	Does it need reviewing? Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/> TPCP (transfer and positioning care plan)	Does it need reviewing? Y <input type="checkbox"/> N <input type="checkbox"/>

Please indicate the type of request you have for the Novita team who work with the child named above.

<input type="checkbox"/> Education Plans (EP) (NEP's, SSP's & Action Plans) – We are happy to be involved in the planning process, wherever possible. The following information about our likely involvement and the expectations of the meeting will assist us with the preparation and outcomes.	
<input type="checkbox"/> Attending an EP Meeting	<input type="checkbox"/> Require information for EP
Date Meeting Planned:	Date Meeting Planned:
Issues to be discussed	Issues to be addressed
Other people likely to be at the meeting:	How would you like to receive this information
<input type="checkbox"/> parent/s <input type="checkbox"/> disability coordinator <input type="checkbox"/> school based speech pathologist <input type="checkbox"/> guidance officer <input type="checkbox"/> local therapists	<input type="checkbox"/> over the phone <input type="checkbox"/> report <input type="checkbox"/> one-to-one discussion during visit

<input type="checkbox"/> Equipment and access to school grounds		
<input type="checkbox"/> site assessment	Areas to be assessed <input type="checkbox"/> classroom <input type="checkbox"/> playground <input type="checkbox"/> toilets <input type="checkbox"/> transport <input type="checkbox"/> other, please specify:	What are your access concerns?
	<hr style="border-top: 1px dashed black;"/>	
<input type="checkbox"/> equipment request	What is the equipment required for? Where will the equipment be used? Suggested equipment (if known): Will the equipment be used for other students?	
<input type="checkbox"/> equipment review	Equipment to be reviewed Purpose of review	

Name of child _____

<input type="checkbox"/> Classroom support	
<input type="checkbox"/> Strategies for supporting child to access curriculum <i>eg does the child have difficulty</i> <ul style="list-style-type: none"> • moving around, being positioned to access their desk/computer? • with their communication system? • eating and drinking? • with their handwriting or using their computer? 	Please specify
<input type="checkbox"/> Assessment and review of student's skills or OEDCP/TPCP <i>eg does the child need</i> <ul style="list-style-type: none"> • their transfer plan (TPCP) or eating and drinking plan (OEDCP) reviewed? • their play skills or handwriting assessed? • their cognitive ability or language understanding assessed? 	
<input type="checkbox"/> Other support for classroom staff <i>eg do you need strategies for managing the child's</i> <ul style="list-style-type: none"> • challenging behaviors? • self esteem? • any other issues? 	

<input type="checkbox"/> Training opportunities	Preferred timeline for training
<input type="checkbox"/> specific topics on disability / inclusion strategies	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> Makaton (key word signing)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> supporting augmentative communication (for peers or staff)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> oral eating and drinking (specific to child)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> transfers and positioning (specific to child) / physical activities for children with a disability / post-op care	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> challenging behaviors	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months

Would you like us to post you some more 'Request for Novita Services' forms

- Yes
 No

Please return completed forms to:

Novita Children's Services
 Regional Services
 PO Box 1117 Pasadena SA 5142
 F: (08) 8172 9201