

SERVICES SCHEDULE

PLEASE FILL IN ALL HIGHLIGHTED AREAS

1. **PRESCHOOL/SCHOOL**

Lake Windemere B-6 School

2. **PRESCHOOL/SCHOOL PREMISES**

Lake Windemere Children's Centre

3. **PRESCHOOL/SCHOOL REPRESENTATIVE**

Michelle Lennox

4. **CHILD OR YOUNG PERSON**

5. **PARENTS**

6. **NON-EDUCATION SERVICE PROVIDER**

7. **NON-EDUCATION SERVICE PROVIDER STAFF**

8. **NON-EDUCATION SERVICE PROVIDER REPRESENTATIVE**

9. **TERM OF LICENCE**

2024

10. **RENEWAL**

10.1 Eligible – yes

10.2 Not eligible

11. **NOMINATED AREA**

11.1 Room 15

12. **NOMINATED TIME AND FREQUENCY OF ACCESS**

13. **NOMINATED OBSERVER**
JULIA POLISENA

14. **PERMITTED PURPOSE**
Allied health services with feedback provided to teacher.

15. DESCRIPTION OF SERVICES

16. **ADDITIONAL CHARGES**
N/A for 2024, with consideration for change in 2025

17. **INFORMATION REQUIREMENTS**
Share information of each session with class teacher and dl.1908.studentsupport@schools.sa.edu.au. If this does not occur, access to Lake Windemere B-6 School for the purpose of therapy may be ceased.

18. **SPECIAL ARRANGEMENTS**

SIGNED for and on behalf of the Minister by a person duly authorised by the Minister to do so: Julia Polisen a Deputy Principal

SIGNED for an on behalf of the Non-Education Service Provider by a person duly authorised to do so:

Dated