**QUESTIONNAIRE AND REQUEST FOR EXTERNALLY FUNDED SERVICES TO BE DELIVERED AT SCHOOL**

**(A separate questionnaire needs to be filled in for each service you are requesting).**

To: Beverley Park School

Childs’ name

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Child’s class

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Name of therapist

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Organisation the therapist works for

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Phone number of therapist

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Email address of therapist

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Briefly, what are you expecting from the therapy, what are the outcomes you want for your child?

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I request that the service described above be undertaken at Beverley Park School during school hours.

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Parent signature date