| **Working together – schools and specialist allied health service providers** Outcomes from first meeting  |
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This is a blank template that you may want to use to transfer notes and agreements from the agenda of the first meeting.

Key Information

School name:
Contact details:

Provider name:
Contact details:

School type:
[ ]  Pre-School [ ]  Primary School [ ]  High School [ ]  SSP

Type of services:
[ ]  Occupational Therapy [ ]  Speech Therapy [ ]  Exercise Physiology

[ ]  Behaviour Supports [ ]  Physiotherapy

Agreed goals or outcomes
Scope of work
Roles and responsibilities
CommunicationTimelines and key dates
Reporting and evaluation
Questions