| **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