[](https://www.wyndham.vic.gov.au/contact-us)

## PRESCHOOL FIELD OFFICER SERVICE

## EDUCATOR REQUEST FOR SUPPORT

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| **The Preschool Field Officer Service is only available to children attending a Funded Kindergarten Program**  **Please contact the Wyndham City PSFO Service on 9742 8199 or email** [**psfo.service@wyndham.vic.gov.au**](mailto:psfo.service@wyndham.vic.gov.au) **if you have any questions about this form. Send completed forms to the above email address.** |

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| **KINDERGARTEN & EDUCATOR INFORMATION** | | | | | | | |
| Name of Centre: |  | | Phone: | |  | | |
| Address: |  | | Suburb & Postcode: | |  | | |
| Name of Lead Educator: |  | Qualification | |  | | Years of Experience |  |
| Contact email: |  | | | | | | |

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| **PROGRAM INFORMATION** | Monday | Tuesday | Wednesday | Thursday | | Friday |
| **Please enter the times the child attends each day at your service** |  |  |  |  | |  |
| **What days does the Educator have non-contact time? If this is flexible please tick all days** |  |  |  |  | |  |
| **Which program is the child attending?** | **3 Year Old  4 Year Old  4 Year old 2nd Year** | | | | | |
| **What is the Group Name**: |  | | | | | |
| **Are you claiming Kindergarten funding from the Department of Education for this child?**  **(NB please check with your management team if unsure)** | | | |  | Yes  No | | |
| **Is the child accessing Early Start Kinder?** | | | |  | Yes  No | | |

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| **What is your Primary developmental and learning concern?** (Select **ONE** only) | Social/Emotional  Speech/Communication  Behaviour |  | Cognitive/Play Skills  Physical  Other …. |  |

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| **Are there any secondary developmental and learning concerns?** (Select as many as apply but different to above) | Social/Emotional  Speech/Communication  Behaviour |  | Cognitive/Play Skills  Physical  Other …. |  |

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| **HOW CAN WE HELP?** | | | |
| **Please indicate the assistance required by placing numbers 1-4 in the boxes below – Number 1 being your top priority** | | | |
| Child observation at Kinder |  | Inclusive practices, strategies and support |  |
| Transition support |  | Helping with referrals /family support |  |
| If there is anything you require help with that is not listed above, please use this space to provide additional information | | | |

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| **CHILD & FAMILY INFORMATION** | | | | | | | | | | |
| **CHILD’S DETAILS** | | | | | | | | | | |
| Child’s Full Name: |  | | | | | | | | | |
| Date of Birth: |  | | | Gender: |  | | Male  Female  Non-identified | | | |
| Home Address: |  | | | | |  | Suburb & Postcode: | |  | |
| Is the child: | Aboriginal | Torres Strait Islander | | | | | | Both Aboriginal and Torres Strait Islander | | |
| Country of Birth: |  | | Language(s) spoken at home: | | | | | | |  |
| Is the child in Out of Home Care or known to Child Protection? | | | | | | | | | | Yes  No |
| Does the child have a diagnosis? | | | | | | | | | | Yes  No |
| Is the child undergoing assessment for developmental concerns? | | | | | | | | | | Yes  No |
| Has the child been referred to the Early Childhood Approach (NDIS)? | | | | | | | | | | Yes  No |

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| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | |
| **Parent/**  **Guardian 1** | Name: |  | | |  | | | Relationship to Child: | | |  |
| Phone: |  | | | | Cultural Background: | |  | | | | |
| Email: |  | | | | | | | | | | |
| **Parent/**  **Guardian 2** | Name: |  | | | | | | Relationship to Child: | | |  |
| Phone: |  | | | | Cultural Background: | |  | | | | |
| Email: |  | | | | | | | | | | |
| Is your family of Refugee or Asylum Seeker Background? | | | | | | | | | | | Yes  No |
| Would either parent/guardian like an interpreter? If so, please indicate which parent and the language | | | | | | | | | | | |
| Parent/Guardian 1 | | | Language |  | | Parent/Guardian 2 | | | Language |  | |

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| If your child has any siblings please enter their ages below | | | | |
| Sibling 1 Age | Sibling 2 Age | Sibling 3 Age | Sibling 4 Age | Sibling 5 Age |
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| Does your child attend another early years’ service in addition to the service who are asking for support? Yes  No  If Yes, where? |
| Is your child on a waiting list for (or have an upcoming appointment with) any of the below:  Speech Pathologist  Paediatrician  Psychologist  Occupational Therapist |
| Has your child been to an appointment with any of the below: |
| Speech Pathologist  Paediatrician  Psychologist  Occupational Therapist |

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| If your child is involved with any other services, please explain more here and let us know if there is any other information you would like to share |

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| **CONSENT OF PARENT/GUARDIAN** | | | | | |
| * We/I have read the information above and consent to its collection and to the involvement of the Preschool Field Officer Service with my child | | | | | |
| * My/our child’s Educator has discussed with me/us their concerns and the reason for requesting support | | | | | |
| * We/I have received a copy of this form | | | | | |
| * Your and your child’s personal and health information is being collected by Wyndham City Council for the purpose of providing Preschool Field Officer support to your child’s educator in their kindergarten program. The information collected will be stored by Council and used to contact and identify you when communicating with Council and may be shared with educators, early intervention, health and welfare service providers in delivering the service.   The information will also be shared with the Department of Education for funding and reporting obligations required of Council. Disclosure of information may occur to other persons or agencies with your consent; or the authorised parent/guardian; or as permitted by law.  For further information on how personal and health information is handled, visit Council’s [Privacy Policy](https://www.wyndham.vic.gov.au/about-council/your-council/administration/privacy-policy-website-privacy-disclaimer) on its website. | | | | | |
| **Please sign (or add an electronic signature by typing your name) in the box below – NB: VERBAL CONSENT IS NOT PERMITTED** | | | | | |
| **Parent/Guardian Signature**  **(Only one required)** |  | Print Name |  | Date |  | |

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| **Lead Educator Signature** |  | Print Name |  | Date |  |