

## PRESCHOOL FIELD OFFICER SERVICE

**2019 REQUEST FOR SUPPORT - GROUP**

**This request will focus specifically on inclusive practices and participation in the educational environment**

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| **The educator(s) must be available to meet during a mutually agreed time.**  **Please contact the Wyndham City PSFO Service on 9742 8199 if you have any questions.**  **Send completed forms and any supporting documentation by email to: psfo.service@wyndham.vic.gov.au**  **Or post to: PSFO Administration, Wyndham City, PO Box 197, Werribee VIC 3030** |

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| **SERVICE INFORMATION** |

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Centre: |  | | Phone: |  | | |
| Address: |  | | Suburb: |  |  |  |
| Contact email: | |  | | | | |
| **Wyndham City Council Services:** If you have applied for or are receiving support through the Wyndham Educators Engage Program (WEEP), please contact the PSFO Team prior to completing this request. | | | | | | |

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| **Educator Information** | Name | Position |
| Educator 1 |  |  |
| Educator 2 |  |  |
| Educator 3 |  |  |
| Additional Assistant |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Room/Group Name** |  | | | | | |
| **Group Times** | Example | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start | 9.00am |  |  |  |  |  |
| End | 4.00pm |  |  |  |  |  |
| Planning Day & Times |  | | | | | |

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| **Please indicate how confident you are with the following:** | | | | |
|  | **Highly Confident** | **Moderately Confident** | **Not Confident** | **Comments** |
| **Identifying** children with additional learning/developmental needs | 🞏 | 🞏 | 🞏 |  |
| **Including** children with additional learning/developmental needs | 🞏 | 🞏 | 🞏 |  |
| **Approaching** parents about their child’s learning/developmental needs | 🞏 | 🞏 | 🞏 |  |
| **Knowing** what to do and who to talk to about these concerns | 🞏 | 🞏 | 🞏 |  |

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| **Please indicate what you require support with.**  **What outcome would you like to achieve from this request for support?** |

**This form must be signed by the requesting educator prior to submission.**

Signed ………………………..……………………………………………………….. Print Name ………………………………………………………………………....

Date ….……………………………………………………………………………….

