

## PRESCHOOL FIELD OFFICER SERVICE

**2021 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 & Postcode: |  |  |  |
| Contact email: |  | | | | |

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

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| **Room/Group Name:** |  | | | | | |
| **Planning Day(s) & Time(s)**: |  | | | | | |
| **Group Times** | Example | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start | 9.00am |  |  |  |  |  |
| End | 4.00pm |  |  |  |  |  |

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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 and your team require support with.**  **What would the educational team like to learn more about?** |

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

Your personal information is being collected by Wyndham City Council for the purpose of delivering PSFO services to you.  Your personal information will be used to identify you when communicating with Council’s PSFO Service and may be shared with educators, early intervention, health and welfare service providers for the purpose mentioned.   For further information on how your personal information will be handled, see Council’s Privacy Policy on its website.

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| --- | --- | --- | --- | --- | --- |
| **Requesting Educator Signature** |  | Print Name |  | Date |  |

