

2021 REQUEST FOR EDUCATOR SUPPORT - INDIVIDUAL CHILD

To access this service children must be 3 years or older before 30 April 2021

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 about this form.
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

CLIENT SECTION

SERVICE INFORMATION

Name of Centre:		Phone:	
Address:		Suburb:	
Contact email:			
Educator 1 - Name:		Position:	
Educator 2 - Name:		Position:	
Educator 3 - Name:		Position:	

Please provide attendance times for the child you are requesting support with

	Example	Monday	Tuesday	Wednesday	Thursday	Friday
Start	9.00					
End	3.30					
Group Name/Colour						
Educator Planning (day/time)						
Please tell us the best day and time of the week to make contact						
Is this child attending your funded 4 year old program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you utilised the Preschool Field Officer Service before for this child?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SUPPORT INFORMATION

Please select one of the following options:

4 Year Old Support 3 Year Old Support

Please indicate what we can help with:

<input type="checkbox"/> Child observation	<input type="checkbox"/> Navigating referral pathways	<input type="checkbox"/> Strategies
<input type="checkbox"/> Professional advice	<input type="checkbox"/> Communicating with Parents	

Please tell us what you would like to learn more about whilst working with the PSFO: (Please enter as much info as possible and use a separate sheet if needed)

The VEYLDF supports children's learning and development by enabling all early childhood professionals to work together and with families to achieve common outcomes for all children. It sets the highest expectations for children in every community and generates opportunities to advance all learning and development outcomes (p26).

Predominant area of developmental concern (for DET data, please tick all relevant):	Social/Emotional	<input type="checkbox"/> Cognitive/Play Skills	<input type="checkbox"/>
	Speech/Communication	<input type="checkbox"/> Physical	<input type="checkbox"/>
	Behaviour	<input type="checkbox"/> Other	<input type="checkbox"/>

CHILD & FAMILY SECTION

CHILD'S DETAILS

Child's Name:					
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-identified		
Home Address:			Suburb & Postcode:		
Is the child:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Both Aboriginal and Torres Strait Islander		
Country of Birth:			Language(s) spoken at home:		
Proficiency Spoken English:	<input type="checkbox"/> Very Well <input type="checkbox"/> Well		<input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		

PARENT/GUARDIAN DETAILS

Child lives with:						<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other:			
Carer 1	Name:			DOB:			Relationship to Child:		
Email:									
Phone:		Preferred Language:			Country of Birth:				
Carer 2	Name:			DOB:			Relationship to Child:		
Email:									
Phone:		Preferred Language:			Country of Birth:				

SIBLINGS

SIBLING 1	SIBLING 2	SIBLING 3	SIBLING 4
Name:	Name:	Name:	Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B:	D.O.B:	D.O.B:	D.O.B:

Is this your child's second year of funded 4 year old Kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had their 3 1/2 year old Maternal Child Health check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child attend another early years' service along with the service who are referring? If Yes, where and when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a diagnosis or are they undergoing assessment for developmental concerns? If Yes, please provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child currently <u>receiving</u> support through the Brotherhood of St Laurence or NDIS? (If Yes, please note PSFO Services are not available to children who are already receiving support through these agencies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child currently <u>waiting</u> for support through the Brotherhood of St Laurence or NDIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other services the child has been receiving or has been referred to – please provide information below and attach relevant reports.

Services	Name of Agency	Name of Professional
Speech Therapist		
Paediatrician		
Psychologist		
Occupational Therapist		

Contact will be made with the listed agencies (where appropriate) to assist in developing consistent strategies. If you do not wish these services to be contacted, please tick here

What does your child do well?

What would you like to happen for your child over the next 12 months?

Is there anything occurring in your child's life now, or happened in the past, that may be impacting on their learning and development?

Parent/Guardian level of concern (please tick)

Concerned

Not Concerned

CHILD SECTION

For the Early Childhood Educator to complete in consultation with the child.

Please complete this section with the child. If the child is non-verbal it is suggested this section is still fully completed by including statements as shown in the examples below:

Sally will play in close proximity to Jane on a regular basis.

Sally will often play in the sandpit and smiles when she is being pushed on the swings.

Sally avoids water play and washing her hands.



I feel happy when:



I feel sad when:



I like:



I don't like:

My friends are:

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
- ❖ We/I understand that either parent/guardian(s) named on page 1 of this form can be contacted with regards to this form if required
- ❖ Wyndham City Council is bound by the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.
 - Your consent is required for the collection and use of your personal and/or health information and that of your child.
 - The information is being collected by Council for the purpose of delivering services to your child by the PSFO Service; it will be used by Council and it may be shared with educators, early intervention, health and welfare service providers for the purposes mentioned.
 - Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you.
 - Disclosure of information may occur to other persons or agencies with consent by both parents; or the authorised parent/guardian; or as permitted by law.
 - For further information on how your personal and health information will be handled, see Council's Privacy Policy on its website.
 - Authorised parents and guardians may apply for access and/or amendment of the information by writing to Council's Privacy Officer.

Parent/Guardian Signature	Print Name	Date
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Requesting Educator Signature	Print Name	Date
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If the request was not made by the child's Early Childhood Educator, please complete the below

Agency Name:		Phone:	
Contact Name:		Email:	
Signature:		Date:	



If you require assistance with this document, the information can be translated by contacting Translating and Interpreting Services on 131 450 and asking to be connected to Wyndham City on 9742 0777.